OCTAVE®-S Implementation Guide, Version 1.0

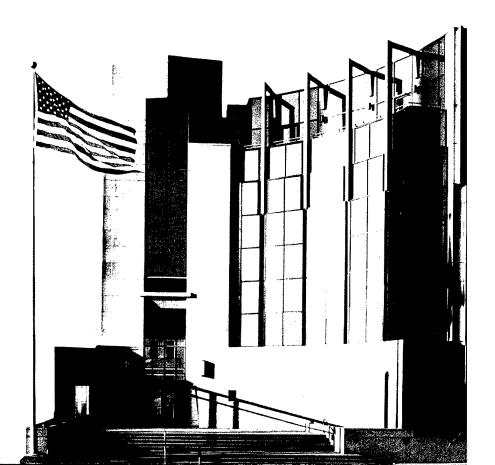
Volume 10: Example Scenario

Christopher Alberts Audrey Dorofee James Stevens Carol Woody

January 2005

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Volume 10: Example Scenario

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Networked Systems Survivability Program

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FOR THE COMMANDER

Christos Scondras Chief of Programs, XPK

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About This Document

This document is Volume 10 of the OCTAVE-S Implementation Guide, a 10-volume handbook supporting the OCTAVE-S methodology. This volume provides complete example scenario of a fictitious medical facility, MedSite, and the results of its OCTAVE-S evaluation. Most of the worksheets showing the example results are provided. However, the complete worksheets for only one asset (rather than five) are included.

The other volumes in this handbook are

- Volume 1: Introduction to OCTAVE-S This volume provides a basic description of OCTAVE-S and advice on how to use the guide.
- Volume 2: Preparation Guidelines This volume contains background and guidance for preparing to conduct an OCTAVE-S evaluation.
- Volume 3: Method Guidelines This volume includes detailed guidance for each OCTAVE-S activity.
- Volume 4: Organizational Information Workbook This volume provides worksheets for all organizational-level information gathered and analyzed during OCTAVE-S.
- Volume 5: Critical Asset Workbook for Information This volume provides worksheets to document data related to critical assets that are categorized as information.
- Volume 6: Critical Asset Workbook for Systems This volume provides worksheets to document data related to critical assets that are categorized as systems.
- Volume 7: Critical Asset Workbook for Applications This volume provides worksheets to document data related to critical assets that are categorized as applications.
- Volume 8: Critical Asset Workbook for People This volume provides worksheets to
 document data related to critical assets that are categorized as people.
- Volume 9: Strategy and Plan Workbook This volume provides worksheets to record the current and desired protection strategy and the risk mitigation plans.
- Volume 10: Example Scenario This volume includes a detailed scenario illustrating a completed set of worksheets.

Abstract

The Operationally Critical Threat, Asset, and Vulnerability EvaluationSM (OCTAVE®) approach defines a risk-based strategic assessment and planning technique for security. OCTAVE is a self-directed approach, meaning that people from an organization assume responsibility for setting the organization's security strategy. OCTAVE-S is a variation of the approach tailored to the limited means and unique constraints typically found in small organizations (less than 100 people). OCTAVE-S is led by a small, interdisciplinary team (three to five people) of an organization's personnel who gather and analyze information, producing a protection strategy and mitigation plans based on the organization's unique operational security risks. To conduct OCTAVE-S effectively, the team must have broad knowledge of the organization's business and security processes, so it will be able to conduct all activities by itself.

1 MedSite Background

To help you understand how to complete the individual steps in this evaluation, we provide an example that illustrates how each step was conducted by personnel in a fictitious small medical facility called MedSite. The first two sections, including this one, provide background on MedSite and a commentary about how the evaluation proceeded at MedSite. The rest of this document consists of OCTAVE-S worksheets showing the results achieved by the MedSite analysis team. The background provides the necessary context to understand the contents of the worksheets and should be read in conjunction with the worksheets.

1.1 MedSite Description

MedSite is a hospital with several clinics and labs, some of which are at remote locations. The hospital includes the following functional areas:

- a permanent administrative organization
- permanent and temporary medical personnel, including physicians, surgeons, and medical staff
- permanent and temporary maintenance personnel, including facility and maintenance staff
- a small information technology department (three people) that is responsible for on-site computer and network maintenance and upgrades and for help desk activities (e.g., handling simple user requests)

1.2 MedSite's Organizational Structure

The MedSite Administrator is the chief administrator for the hospital. The chief administrator has a small staff that is responsible for overseeing operations at MedSite. Each major functional area of the organization (administrative, medical, and lab) reports directly to the chief administrator. MedSite's senior management team includes the MedSite Administrator and the individuals who lead the functional areas of the organization. Each functional area of MedSite contains one or more operational areas. The head of each operational area is considered to be a middle manager in the organization. Figure 1 shows the organizational chart for MedSite.

1.3 MedSite's System

MedSite's main information system is the Patient Information Data System (PIDS). PIDS is a distributed database application and system software with a dedicated PIDS server on a shared network accessed by both dedicated and shared desktop personal computers (PCs). The shared components support a variety of medical applications and databases. The system also links and integrates a set of smaller, older databases related to patient care, lab results, and billing.

Patient data can be entered into PIDS or one of the other databases at any time from any workstation. Physicians, administrative clerks, lab technicians, and nurses have authorization to enter data into PIDS as well as the other systems. Personal computers, or workstations, are located in all offices, treatment rooms (including emergency rooms), nursing stations, and labs. In addition, physicians can also remotely access PIDS using their home personal computers. In fact, there is talk around the hospital that medical personnel will soon be able to access PIDS using personal digital assistants (PDAs).

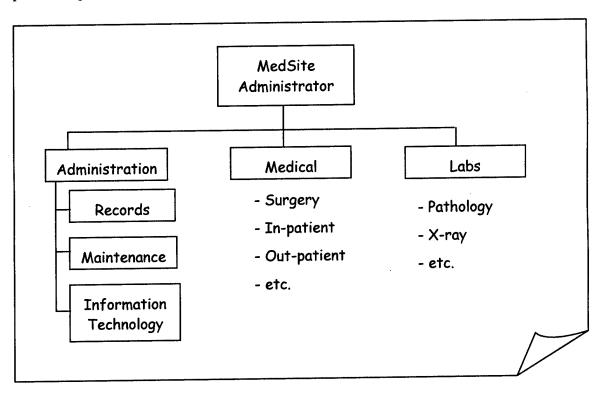


Figure 1: High-Level MedSite Organizational Chart

An independent contractor, ABC Systems, provides support for most of the systems at MedSite as well as for the network. MedSite's information technology (IT) personnel provide day-to-day maintenance under the training and direction of ABC Systems personnel. MedSite's IT staff also support the help desk by taking calls and responding to immediate needs. The IT staff members from MedSite provide on-site help desk support and basic system maintenance. ABC Systems provided MedSite's IT personnel with limited systems and network training about a year ago.

MedSite's senior managers decided they wanted a comprehensive review of information security within their facility. Several new regulations are now in effect (e.g., the Health Insurance Portability and Accountability Act [HIPAA]), requiring MedSite to document the results of an information security risk evaluation. The regulations also require MedSite to implement a practice-based standard of due care. After some discussion and consultation with other medical facility managers, they decided to use OCTAVE-S.

The analysis team has been selected and trained. The core analysis team members are

- Alvarez a physician, at MedSite for five years
- Green assistant manager of Administration, at MedSite for eight years. Green will lead the analysis team.
- Smith senior IT staff member, at MedSite for three years
- Haley lab technician, at MedSite for four years

The team met to prepare for the evaluation. They decided to scope the evaluation to include the entire organization as there are only three real operational areas – Administration, Medical, and the Lab. They also checked with colleagues in other medical facilities to locate any historical data on any type of threats that they might be willing to share later on or to discuss when the analysis team needed to define probability evaluation criteria. Probability is required by some regulations, and the team felt that they needed to try to use some form of qualitative probability during risk analysis.

As this was their first use of OCTAVE-S, they decided not to tailor the catalog of practices or the surveys to align them with current regulations, such as HIPAA. Instead, after the evaluation, they will use a gap analysis to determine what additional actions are required to ensure compliance and to protect their information-related assets. The budget for security improvements over the next six months is limited, and senior managers prefer to ensure their critical assets are protected now and deal with any additional regulation compliance during the next budget cycle.

1.4 MedSite Team's Experience

MedSite's analysis team completed the evaluation in four weeks working part time. This section summarizes the team's activities, its decisions, and other contextual information related to the evaluation. As you review the results, you will notice that we provide complete results for only one of the critical assets.

1.4.1 Phase 1: Build Asset-Based Threat Profiles

The analysis team met daily over the course of one week to finish Phase 1. At the end of the week, the team met with MedSite's senior managers to review the impact evaluation criteria and get them approved. MedSite's senior managers decided to use the criteria developed by the team and subsequently review the results. If the criteria turned out to be too vague or if they seemed to skew the results, senior managers reserved the right to revise the criteria and ask the team to reevaluate the risks.

1.4.1.1 Process S1: Identify Organizational Information

S1.1: Establish impact evaluation criteria (Step 1)

Using the Impact Evaluation Criteria Worksheet [p. 33], the analysis team defined the ranges of possible impacts on the organization. The team had sufficient information on the nature of impacts caused by common problems and emergencies, and it used this information as the basis for setting impact measures (high, medium, low) across multiple impact areas. For example, MedSite is a very successful company, with more than 75% of the region's people coming to MedSite for medical care. MedSite normally sees a 5-15% fluctuation in patient numbers from month to month. The team uses this information to determine that the company could recover from a 10% drop in customers, but a 30% drop would mean a serious problem that could be irreversible. MedSite's budget includes a 2% margin for unexpected changes in operating costs and a 5% margin for unexpected changes in overall revenue. Insurance covers nearly all types of losses of up to \$250,000 and many items up to \$1 million without any increase in premiums. Any coverable loss of more than \$1 million means an immediate increase in premiums. In terms of production, minor increases (10% for a few days) in personnel hours happen all the time because of accidents and unexpected fluctuations in patient needs. A high increase occurred during the previous year when a snowstorm nearly paralyzed the community. Nearly everyone at MedSite worked an additional 30% for a 3-day period to make up for lost time. The team also determined that any loss of life or permanent damage to patients was considered unacceptable. These items were incorporated into the evaluation criteria.

S1.2: Identify organizational assets (Step 2)

The analysis team used its knowledge of MedSite's systems as a starting point for identifying assets, because staff members' daily tasks were tightly integrated with the systems they used. When using the Asset Identification Worksheet [p. 45] to identify assets, team members could see how much information actually resided on MedSite's information systems. Patient information, which was regulated in terms of privacy and security, could be found in several forms including both electronic and paper files. The team also noticed that personal computers were common to all systems and provided a conduit to all important electronic information. It was more difficult for the team to identify people-related assets, because everyone had important roles at MedSite.

Eventually, the team decided that only people with unique skills or knowledge that could not easily be replaced would be documented as assets during the evaluation. They were essentially interested in identifying single points of failure related to people. For example, Smith was the only IT staff member with networking skills and was thus critical to day-to-day operations. Likewise the people at ABC Systems were also identified as important people-related assets. The staff at ABC Systems maintained PIDS for MedSite, and it would be difficult to find any other contracting organization that could easily assume this responsibility without disrupting MedSite's operations. In addition, ABC Systems was also in the midst of developing the replacement for PIDS (PIDS II), making ABC Systems integral to the future operations of MedSite as well.

S1.3: Evaluate organizational security practices (Steps 3-4)

The team used the Security Practices Worksheet [p. 51] to document the current state and effectiveness of their security practices. Team members discussed each survey question until they arrived at a consensus (Step 3a) about the extent to which each practice was present at MedSite. As they discussed a practice, team members often recorded notes about particular strengths and weaknesses (Step 3b) related to that practice. Finally, for each security practice area, the team assigned it a stoplight status based on the information it recorded (Step 4). The team was surprised at how many areas were assigned red and yellow statuses. Team members did not assign a green status to any of the security practice areas.

The team noted that some security practices were performed well at MedSite, but the vast majority were not executed properly. One of the few practices performed consistently well was documenting and revising policies. Because MedSite's policies were audited periodically, management paid particular attention to this practice area. Unfortunately, medical regulations had not specified the need for security in the past, and MedSite's security-related policies were incomplete. The team believed that physical security practices were adequate and assigned MedSite a yellow status for physical access control. However, monitoring and auditing physical security was assigned a red status. Team members were also concerned that the Facilities Management Group was so independent that it functioned like a separate entity, providing little communication and insight into its actions. After discussing the Facilities Management Group's physical security practices, the analysis team decided to add an additional concern to the collaborative security management security practice area.

Because ABC Systems maintained and controlled PIDS and other systems, the team had a difficult time answering some of the technology-based survey questions. In fact, no one at MedSite really understood what ABC Systems was doing, driving home how dependent MedSite had become on that contracting organization. Team members were also becoming increasingly concerned over the in-progress development of PIDS II.

Even though the majority of answers for the incident management area were negative, this was one area in which MedSite had a good set of documented procedures. The procedures were a standard, tested, and verified set provided by a medical society to which MedSite belonged. As a result, the team gave the company a yellow status for that area.

No other notes or action items resulted from Process S1.

1.4.1.2 Process S2: Create Threat Profiles

S2.1: Select Critical Assets (Steps 5 – 9)

Selecting critical assets proved to be less difficult that the analysis team expected. The team selected the following critical assets:

- PIDS (Patient Information Data System) This was an obvious choice for the team. PIDS is central to MedSite's medical operations, because it is the central repository for patientidentifiable information. In addition, MedSite must comply with regulations for protecting the privacy of and securing electronic patient information.
- Paper medical records These records are somewhat less important than PIDS, because
 MedSite is trying to move away from its reliance on paper medical records. However, the
 migration will take several years. In the meantime, the team decided that paper records also
 constituted a critical asset, because those records contain patient-identifiable information
 and are subject to privacy regulations.
- ABC Systems MedSite has become reliant upon the information technology (IT) services provided by ABC Systems, MedSite's main IT contractor. ABC Systems maintains PIDS and other systems for MedSite and is also developing PIDS II, the replacement for PIDS. ABC Systems was an obvious choice as a critical asset given the importance of PIDS, PIDS II, and MedSite's ongoing efforts to become a paperless environment. ABC Systems is also typical of other types of contracting done by MedSite.
- Personal computers (PCs) The analysis team noted that personal computers were common to all systems, providing a conduit to all important electronic information.
- ECDS (Emergency Care Data System) This system was selected because it is representative of many smaller systems used at MedSite.

The analysis team recorded its choices for critical assets on the Critical Asset Selection Worksheet [p. 83]. The team then started a Critical Asset Workbook for each critical asset (Step 6). It also recorded its rationale for selecting each asset (Step 7) as well as who uses and is responsible for each critical asset (Step 8) on each asset's Critical Asset Information Worksheet [p. 87]. Information about asset relationships had already been recorded on the Asset Identification Worksheet and was transcribed to the Critical Asset Information Worksheet (Step 9).

S2.2: Identify security requirements for critical assets (Steps 10 – 11)

Team members discussed which qualities of each asset were important to protect. This discussion resulted in the identification of security requirements for each critical asset, which were recorded on the appropriate *Critical Asset Information Worksheets* (Step 10) [p. 87]. Selecting the most important security requirement was frequently difficult, requiring significant discussion. For example, team members spent a lot of time discussing which security requirement for PIDS was most important (Step 11). After a healthy debate, the team selected availability of patient information as the most important security requirement for PIDS because the health and safety of patients require immediate and continuous access to patient information on PIDS. Confidentiality was also considered to be important, but it lacked the life and health implications of availability. Most of the issues surrounding confidentiality were actually related to regulations. The team decided that when making tradeoffs, the availability of medical information ultimately trumped violations of privacy laws.

S2.3: Identify threats to critical assets (Steps 12 – 16)

The analysis team then began constructing a threat profile for each critical asset, recording the profile on the appropriate *Risk Profile Worksheets* [pp. 91 and 131]. Team members consulted the appropriate *Threat Translation Guide* (Volumes 5-8) to ensure they actually understood the implied threats. For PIDS (using Volume 6 for systems assets), the team believed that all of the branches for the *human actors using network* and *physical access* trees were active, nonnegligible threats (Step 12). Team members came to this conclusion based on their experiences and known issues related to network and physical security. The team believed that most threats from the *system problems* category would typically affect only the availability of information on PIDS. The exception to this was malicious code, which could result in any outcome. Threats from the *other problems* category were also believed to affect only the availability of PIDS.

For ABC Systems, the nature of the threats was quite different, because it is a different type of asset (people) than PIDS (system). The team was really concerned about only one type of threat – not having qualified, timely support from ABC Systems personnel. This was the only threat that the team recorded for ABC Systems.

For PIDS, the team identified the types of people who might be considered threat actors (Step 13). The team documented a broad range of potential actors, including hackers, disgruntled employees, and ABC Systems' personnel. With no insight into how ABC Systems handled access to confidential information or violations of security, the team was concerned about the potential threat posed by that contractor's employees. Team members were also concerned about the lax behavior of many staff members at MedSite, especially regarding casual and loose conversations about patients. Smith acknowledged that the limitations of space and funding had resulted in extremely tight working conditions that virtually forced most admissions staff to share passwords

and accounts just to get their jobs done in a reasonable amount of time. Employees constituted a strong source of a range of accidental incidents.

With the exception of disgruntled employees, the team determined that the motivation of insiders was generally low (Step 14). Outsiders' motives were difficult to estimate, but the team did feel that being a small, relatively anonymous medical organization made MedSite a less attractive target for outsiders. The team decided that the motives of outsiders were low.

The team decided to talk to a few knowledgeable staff members at MedSite and ABC Systems to determine the known history for some of the threats (Step 15). ABC Systems had some data, but they were not comprehensive. In fact, given the lack of tangible data produced by people from ABC Systems, analysis team members became concerned about what ABC Systems was doing to monitor PIDS and other systems. The team member with information technology experience knew enough to be skeptical of ABC Systems' network monitoring practices. The team recorded a recommendation to the *Notes and Recommendations Worksheet* [p. 17] to verify what ABC Systems was doing to monitor MedSite's systems and networks. The team also marked its confidence in this historical data as low.

Specific areas of concern were recorded on the *Risk Profile Worksheets* (Step 16) [pp. 91 and 131] whenever the team had a particular example or historical incident relative to a threat. For example, it was well-known that staff members occasionally looked up patient information about their friends and relatives, violating privacy. In addition, the physical configuration of offices and the inclusion of workstations in patient rooms also led to many privacy violations. Alvarez mentioned that physicians were still having a hard time remembering to log off PIDS when they left a treatment room. All team members also noted PIDS' notorious history of failing at inopportune times. Finally, the team was concerned that ABC Systems did not really understand either the general needs of a medical facility or the effects of the new privacy and security regulations.

All actions items from Process S2 were documented on the Action List Worksheet [p. 27].

1.4.2 Phase 2: Identify Infrastructure Vulnerabilities

The analysis team met daily over the course of a few days to complete Phase 2. Team members performed a cursory examination of how people at MedSite accessed critical assets via the organization's networks. The team also reviewed the extent to which security was considered when configuring and maintaining MedSite's computers and networks. Because people at MedSite had little insight into what ABC Systems was doing to configure and maintain MedSite's systems and networks, the team decided to record a recommendation (see *Notes and Recommendations Worksheet* [p. 17]). The recommendation called for MedSite's IT staff to work

more closely with ABC Systems after the evaluation to communicate MedSite's security requirements to ABC Systems and to verify that those requirements were being met.

1.4.2.1 Process S3: Examine the Computing Infrastructure in Relation to Critical Assets

S3.1: Examine access paths (Steps 17 - 18)

The analysis team used the *Network Access Paths Worksheet* [p. 139] as it reviewed how people accessed MedSite's critical assets. The team noted that PIDS was its own system of interest (Step 17). It also noted that ECDS was its own system of interest, while PCs included all major systems as their systems of interest. Neither ABC Systems nor the paper medical records were reviewed during this phase, because network attacks are irrelevant to these types of assets.

For PIDS, the analysis team identified key classes of components that were part of or related to PIDS. This activity included a cursory examination of internal and external access points for PIDS (Step 18). Team members had different views of what constituted the PIDS system. After much discussion, they agreed that PIDS included server A and on-site workstations (Step 18a). They then looked at how people typically accessed PIDS. The team determined that people used on-site workstations, laptops, PDAs, and home workstations to access PIDS (Step 18c). The team decided that intermediate access points included both internal and external networks (Step 18b) and that PIDS information was stored both locally and off-site (Step 18d). Finally, the team determined that other systems, most notably ECDS and the Financial Record Keeping System (FRKS), also automatically accessed information from PIDS (Step 18e).

S3.2: Analyze technology-related processes (Steps 19 – 21)

This activity requires an analysis team to assume an infrastructure point of view when analyzing information. MedSite's team documented the key classes of components (Step 19a) and then noted which critical assets were related to each key class (Step 19b). The team then determined who was responsible for maintaining and securing each key class (Step 20). Where MedSite's own IT personnel were responsible for day-to-day operations, they could make an estimate of how secure the component classes were (Step 21). Many classes, however, were maintained by ABC Systems, and the level of security for those classes was unknown. The analysis team recorded this information on the *Infrastructure Review Worksheet* [p. 143].

Overall, the security of most classes of components was not consistently known. The team recorded some general recommendations to pursue the relationship with ABC Systems and work towards more formal vulnerability testing with them on the *Notes and Recommendations* Worksheet [p. 17].

Finally, the team reviewed the *Risk Profiles* for PIDS, ECDS, and PCs [pp. 91 and 131] as well as the *Security Practices Worksheet* [p. 51], looking to refine information on those worksheets based on the team's Phase 2 analysis. Team members decided there were no changes to the threat trees, just more validation for the concerns already identified. They did add an additional area of concern on the *Risk Profile Worksheet* (Step 16) [p. 131] about ABC Systems personnel not only having access to patient information but also being able to destroy it.

The IT team member also brought up the concern that what he observed on a daily basis did not support ABC Systems' statements that it kept up with vulnerability testing and patches. The team recorded this observation on the *Security Practices Worksheet* [p. 51] as an example of what MedSite's contractor was not doing well.

No other action items, notes, or recommendations from Process S3 were identified.

1.4.3 Phase 3: Develop Security Strategy and Plans

The analysis team added an additional team member to help with the development of mitigation plans in Process S5. The new team member had a lot of expertise in problem solving as well as developing plans, budgets, and schedules for MedSite. To ensure that she developed an understanding of the evaluation, the new team member observed Process S4.

1.4.3.1 Process S4: Identify and Analyze Risks

S4.1: Evaluate impact of threats (Step 22)

The analysis team used the *Impact Evaluation Criteria* [p. 33] they developed during Process S1 to evaluate the impacts of the threats on the organization. The team recorded all impact values on the *Risk Profile Worksheets* [pp. 91 and 131]. Team members considered the health and safety of patients to be the most important criteria, with the remaining criteria all being equal to each other. The team had some difficulty estimating the impacts to productivity and reputation for a few of the threats and decided to get additional help. Team members identified key people with experience in legal matters, public relations, and nursing to help the team estimate the values for certain threats. Together, they all reviewed each area of concern and talked about the types of specific actions that would have to be taken to deal with a realized threat, providing a basis for estimating the actual level of impact (high, medium, low). In particular, team members looked for any threats that might result in physical harm or death to patients. The team also noted on the *Notes and Recommendations Worksheet* [p. 17] that the evaluation criteria should be more broadly reviewed and approved by management.

S4.2: Establish probability evaluation criteria (Step 23)

The team defined MedSite's probability evaluation criteria using the *Probability Evaluation Criteria Worksheet* [p. 149]. It relied on its experience and expertise as well as the limited historical information it had for threats. Team members reviewed the known histories of threats recorded on the *Risk Profile Worksheets* [pp. 91 and 131] when setting probability measures (high, medium, low). When defining the criteria, the team also referenced historical data about certain types of threats commonly used by other medical organizations when assessing risk.

S4.3: Evaluate probabilities of threats (Step 24)

Using the *Probability Evaluation Criteria* [p. 149], the team evaluated the probability of each active threat occurring by using the contextual information they had previously recorded on the *Risk Profile Worksheets* (Steps 13-16) [pp. 91 and 131]. Because they had low confidence in their historical estimations for network-based threats, team members lacked confidence in their probability estimates for those types of threats. However, for a few threats, such as unauthorized insiders accidentally viewing information via systems and networks, team members were quite confident that the probability was high because of the known history of such actions. Because it had minimal confidence in many of its probability estimates, the team decided to use probability only as a tie-breaker when selecting risks for mitigation. Impact would be the primary decision-making driver. The team recorded estimates for probability for all active risks on the *Risk Profile Worksheets* [pp. 91 and 131].

No additional actions, notes, or recommendations were identified during Process S4.

1.4.3.2 Process S5: Develop Protection Strategy and Mitigation Plans

S5.1: Describe current protection strategy (Step 25)

The analysis team reviewed the Security Practices Worksheet [p. 51] that it completed earlier in the evaluation. Team members transcribed the stoplight status for each area to the Protection Strategy Worksheets [p. 153]. They then discussed the current practices and vulnerabilities identified in each practice area. The team noted that the protection strategy and the security practices survey examine two different facets of security practice areas. The protection strategy describes the processes used to perform activities in each security practice area, focusing on the extent to which processes are formally defined. On the other hand, the stoplight status on the security practices survey indicates how well the team believes its organization is performing in each area. Team members noted that an organization could be performing very well in an area, but have very informal processes. Likewise, an organization could have significant room for improvement despite having very formal policies and procedures. They defined the current protection strategy for the organization and recorded the results on the Protection Strategy

Worksheets [p. 153]. The protection strategy, along with stoplight status information, provided team members with a broad view of MedSite's overall approach to security and the extent to which it was working.

S5.2: Select mitigation approaches (Steps 26 - 27)

The team transcribed the stoplight statuses from the Security Practices Worksheet [p. 51] to the Risk Profile Worksheets (Step 26) [pp. 91 and 131], illustrating the current status of each security practice area in relation to the active risks. Before proceeding, the analysis team needed to agree upon the criteria for making decisions. Team members decided that they would look to mitigate risks meeting the following criteria:

- risks affecting the health and safety of MedSite's patients (i.e., risks with a high impact value for the "Safety" impact area). Reputation and financial impacts were considered to be secondary factors.
- risks affecting the most important security requirement (Step 10) of the asset (e.g., availability of PIDS)
- risks linked to specific areas of concern about the asset

Because it had little confidence in many if its probability estimates, the team decided to use probability as a tie-breaker when comparing two similar risks. Team members reviewed the *Risk Profile Worksheet* for each critical asset [pp. 91 and 131], focusing on potential impacts of risks in relation to stoplight statuses. The analysis team was initially overwhelmed. It had assigned nine security practice areas "red" stoplight statuses and six security practice areas "yellow" stoplight statuses. However, the team did not assign a "green" stoplight status to any area. Based on its decision-making criteria, the team looked across all critical assets and decided which risks it would mitigate. Next it decided which risks it could accept. All remaining risks were designated to be deferred and revisited at a later date. The analysis team decided to recommend (on the *Notes and Recommendations Worksheet* [p. 17]) that all deferred risks be looked at again a month after the end of the evaluation.

To mitigate the risks, the team selected the following security practice areas as mitigation areas:

- Security Awareness and Training The analysis team believed that their security awareness training did not adequately prepare personnel to handle the day-to-day security issues that arise. Improving this area should reduce the accidental, inside threat sources.
- Collaborative Security Management ABC Systems provided support for managing the network and most of the systems at MedSite, including PIDS. ABC Systems also conducted periodic vulnerability evaluations of MedSite's computing infrastructure.
 The analysis team was concerned about MedSite's procedures for working with ABC

Systems. The team believed that ABC Systems might not be meeting MedSite's information security requirements. Many unanswered questions and ambiguities arose during Process S3, so the team recommended that MedSite review and revise its procedures for working with ABC Systems. With respect to physical security, the Facilities Management Group was responsible for physically securing MedSite's building. No one at MedSite has been formally working with the staff from Facilities Management group. Because of this, the team recommended that the organization review and revise procedures for working with the Facilities Management Group.

- Monitoring and Auditing Physical Security There was some concern by team members that physical security problems existed at MedSite and were not being handled by the Facilities Management Group. The team identified several risks with potentially high impact to the health and safety of patients based on physical access by internal and external threat actors. The team decided that practices related to Physical Access Control were adequate. However, practices related to Monitoring and Auditing Physical Security required significant improvement. For this reason, Monitoring and Auditing Physical Security was selected as a mitigation area. However, because third parties were involved in monitoring and auditing physical security for MedSite, there was some overlap with the Collaborative Security Management security practice area.
- Authentication and Authorization MedSite was not using a consistent means of
 controlling access to its systems and networks (e.g., role-based management of
 accounts). Staff members inherited far too many access privileges over time. The team
 was concerned about the potential consequences of these issues. For example,
 disgruntled staff members could abuse this increased access to affect the availability of
 PIDS or to modify medical information.

The team documented its rationale for selecting each area on the Notes and Recommendations Worksheet [p. 17]. It also circled mitigation areas on the appropriate Risk Profile Worksheets [pp. 91 and 131] that reduce risks designated as "mitigate." Despite its own earlier recommendation to look at Vulnerability Management as a mitigation area, the team decided that the improvements in the Collaborative Security Management area could mitigate a greater number of risks related to the computing infrastructure than could improvements in Vulnerability Management.

S5.3: Develop risk mitigation plans (Step 28)

The team developed mitigation plans for each selected area using the *Mitigation Plan Worksheets* [p. 181]. The plan for each selected security practice area includes specific activities designed to mitigate specified risks. Some of the mitigation activities were quite broad in nature. For example, one mitigation activity indicated that periodic security awareness training should be provided for all employees once a year. Other mitigation activities were more focused in nature. For example, one mitigation activity specified that IT staff members receive training in particular technologies. This activity did not address training across all technologies, only for a selected

few. As it defined each mitigation activity, the team also recorded its rationale for that particular activity (what was it mitigating or improving), who should be responsible for the activity, and any additional management action that might be required to implement that activity.

S5.4: Identify changes to protection strategy (Step 29)

The analysis team reviewed the *Protection Strategy Worksheets* [p. 153] to note any changes triggered by mitigation activities. For example, the mitigation activity that called for security awareness training for all employees once a year triggered a change in MedSite's protection strategy. The protection strategy previously required security awareness training only for new employees. On the other hand, the mitigation activity that specified training in particular technologies for IT staff members did not trigger a change in MedSite's protection strategy because the activity did not address training for all technologies. This activity simply improved how one aspect of MedSite's protection strategy was implemented.

Next, the team reviewed the protection strategy, looking for any additional changes to the strategy that it wanted to make. It immediately focused on the *Security Policies and Regulations* area. MedSite had a partial set of documented security-related policies. Because MedSite would soon be required to comply with new data security regulations, the team decided that procedures for complying with those regulations would need to be created. It marked that change to the protection strategy. Team members also noted that while some security-related policies existed, few staff members understood them. Since security awareness training was already being updated, the team decided to include information about MedSite's security policy in that training. Finally, the team decided to address policy enforcement. Even if people knew about and understood MedSite's security policy, their behaviors would change only if they also knew that management was enforcing that policy. Thus, the team decided that procedures for enforcing MedSite's policy needed to be created. The team then developed a mitigation plan to implement the changes to the *Security Policies and Regulations* area. In the rationale area for each mitigation activity, the team noted that these activities were driven by general concerns and regulations, rather than by specific risks.

The analysis team also identified the following two action items during Process S5, documenting them on the Action List Worksheet [p. 27]:

- Resend basic security policy reminders. The IT department had sent emails to all staff in
 the past regarding basic security policy issues. Because improving MedSite's security
 awareness and training program was seen as a long-term initiative, this action item
 provided a short-term awareness mechanism without much investment.
- Change the physical configuration of the admissions office. One of the physical security problems identified during the evaluation was the physical configuration of the admissions area. Most workstations were directed toward public areas, where patients

and staff could see medical information on the screens of those workstations. To protect the privacy of medical and admissions information, the analysis team decided to recommend changing the configuration of the admissions office to ensure that workstations could not be easily seen by people passing through the admissions area.

S5.5: Identify next steps (Step 30)

Using the *Next Steps Worksheet* [p. 195], the team identified several items required to support implementation of OCTAVE-S results. First, senior management needed to make information security a priority and not a back-burner issue. Second, adequate funding to implement the mitigation plans, protection strategy changes, and action items needed to be allocated. The team also noted that the following items would need to be completed within the next month.

- People who had been assigned responsibility for implementing a mitigation plan will
 provide a detailed implementation plan for review.
- All deferred risks will be reviewed.
- The analysis team will compare the security practice surveys to regulations (including HIPAA) to determine if there are any additional practices that need to be added or improved to comply with current regulations.

The team also recommended conducting another OCTAVE-S evaluation in about 12-18 months, providing sufficient time to implement the recommendations from the evaluation it had just completed.

2 Notes and Recommendations Worksheet

Note		
What notes do you want to Is there a recommendatio corresponding recommen	n associated with this note? If yes, document it in the	For which step is this note relevant?
if the reason is that w	at we have been externally attacked, we don't know we really haven't been attacked or that no one is hings to determine if we have been.	Step <u>12</u>

Note		
What notes do you want to record? Is there a recommendation associated with this note? If yes, document it in the corresponding recommendations box.		For which step is this note relevant?
		Step

Rece	ımm	enda	ation
NEC	<i>]</i>	CHUC	

What recommendations do you want to record?	For which step is this recommendation relevant?
We need a way to determine what ABC Systems external attacks. This may require a contractual	Step <u>15</u>

	Recommendation	
What recommendations do you want to record?	·	For which step is this recommendation relevant?
We need a more formal or increased communicat	tion with ABC Systems.	Step21

Note	
What notes do you want to record? Is there a recommendation associated with this note? If yes, document it in the corresponding recommendations box.	For which step is this note relevant?
We do not believe vulnerability management is being adequately performed on PIDS.	Step21

Note		
What notes do you want to record? Is there a recommendation associated with this note? If yes, document it in the		For which step is this note relevant?
corresponding recommen	nautions vox.	Step
		5.0p

	Recommendation	
What recommendations do you want to record?		For which step is this recommendation relevant?
Security Awareness and Training is selected as a Rationale: MedSite's security awareness training address the security issues that staff members Improving this area would help to address severe safety impact linked to accidental actions by sta	does not adequately face on a daily basis. al risks with a high	Step <u>27</u>

Note	
What notes do you want to record? Is there a recommendation associated with this note? If yes, document it in the corresponding recommendations box.	For which step is this note relevant?
	Step

Note	
What notes do you want to record? Is there a recommendation associated with this note? If yes, document it in the corresponding recommendations box.	For which step is this note relevant?
	Step
	·

Recommendation

What recommendations do you want to record?	For which step is this recommendation relevant?
Collaborative Security Management is selected as a mitigation area. Rationale: ABC Systems provides support for managing the network and most of the systems at MedSite, including PIDS. ABC Systems also conducts periodic vulnerability evaluations of MedSite's computing infrastructure. ABC Systems might not be meeting MedSite's information security requirements. Since ABC Systems plays such a vital role in configuring, maintaining, and securing MedSite's computing infrastructure, procedures for working with ABC Systems should be reviewed and revised.	Step <u>27</u>

	Recommendation	
What recommendations do you want to record?		For which step is this recommendation relevant?
Monitoring and Auditing Physical Security is sele area.	cted as a mitigation	Step <u>27</u>
Rationale: There is concern that physical securit MedSite. The team identified several risks with impact to the health and safety of patients base by internal and external threat actors. However have enough information to determine exactly he issue. Conducting a physical security audit will chof the problem.	potentially high and on physical access the team does not now to address the	

Note	
What notes do you want to record? Is there a recommendation associated with this note? If yes, document it in the corresponding recommendations box.	For which step is this note relevant?
	Step

Note		
What notes do you want Is there a recommendation corresponding recommendations.	on associated with this note? If yes, document it in the	For which step is this note relevant?
		Step
	·	

	Recommendation	
What recommendations do you want to record?		For which step is this recommendation relevant?
Authentication and Authorization is selected a Rationale: MedSite is currently not using role-laccounts. In addition, staff members inherit for privileges over time. The team is concerned abconsequences of these issues. For example, discould abuse this increased access to modify into	based management of ar too many access out the potential gruntled staff members	Step <u>27</u>

Recommendation	
	For which step is this recommendation relevant?
	Step <u>26</u>
	Recommendation

26

3 Action List Worksheet

	Action Item	
	What actions do you intend to take? Assign an identification number to each action item.	For which step is this action item relevant?
ID#	Ask ABC systems what other medical-related customers they have and if we could talk to them.	Step <u>13</u>
1		i i

	Action Item	
	What actions do you intend to take? Assign an identification number to each action item.	For which step is this action item relevant?
ID# 2	Look for other vendors in this vicinity who could be candidates for taking over our systems should we need an alternative vendor. Check medical conferences and society meetings/seminars.	Step <u>13</u>

	. 49	T4
A	cuon	Item

What additional information do you want to document for each action item?

Record additional information below.

Who is responsible for completing the action item? Responsibility:

Administration - contract manager

Completion Date: By when must the action item be completed?

Within the next 2 weeks

Additional

Support:

What additional support (by management or others) is required to complete the action item?

Action Item

What additional information do you want to document for each action item?

Record additional information below.

Who is responsible for completing the action item? Responsibility:

Analysis team members and a few others who attend conferences

and seminars.

By when must the action item be completed? **Completion Date:**

Within the next 6 months

Additional

Support:

What additional support (by management or others) is required to complete the

action item?

Action Item	
What actions do you intend to take? Assign an identification number to each action item.	For which step is this action item relevant?
ID#3 Resend basic security policy reminders.	Step <u>29</u>

	Action Item	
	What actions do you intend to take? Assign an identification number to each action item.	For which step is this action item relevant?
ID#	Change the physical configuration of the admissions office.	Step
4		

Action Item

What additional information do you want to document for each action item?

Record additional information below.

Responsibility: Who is responsible for completing the action item?

IT Group

Completion Date: By when must the action item be completed?

Within the next 2 weeks

Additional Support:

What additional support (by management or others) is required to complete the action item?

MedSite's CIO needs to approve this action item and assign it to someone in the IT group.

Action Item

What additional information do you want to document for each action item?

Record additional information below.

Responsibility:

Who is responsible for completing the action item?

Facilities Management

Completion Date:

By when must the action item be completed?

Within the next month

Additional Support:

What additional support (by management or others) is required to complete the action item?

MedSite's management team needs to approve this action item and assign it to the Facilities Management Group.

4 Impact Evaluation Criteria Worksheet

Step 1 Reputation/Customer Confidence Low Impact Impact Type Reputation is minimally effected; little or no Reputation effort or expense is required to recover. Less than __10_% reduction in customers Customer Loss due to loss of confidence Other: Other:

	Reputation/Customer Confidence
Medium Impact	High Impact
Reputation is damaged, and some effort and expense is required to recover.	Reputation is irrevocably destroyed or damaged.
10to30% reduction in customers due to loss of confidence	More than30% reduction in customers due to loss of confidence

Step 1			
Financial			
Impact Type	Low Impact		
Operating Costs	Increase of less than		
Revenue Loss	Less than <u>5</u> % yearly revenue loss		
One-Time Financial Loss	One-time financial cost of less than \$_250,000_		
Other:			

	Financial
Medium Impact	High Impact
Yearly operating costs increase by2to15%	Yearly operating costs increase by more than15%
<u>5</u> _to <u>20</u> _% yearly revenue loss	Greater than20% yearly revenue loss
One-time financial cost of \$ <u>250,000</u> to \$ <u>1 million</u>	One-time financial cost greater than \$_1 million

Step 1		
Productivity		
Impact Type	Low Impact	
Staff Hours	Staff work hours are increased by less than10_% forto2_ day(s).	
Other:		
Other:		
Other:		

	Productivity
Medium Impact	High Impact
Staff work hours are increased between10_% and30_% forto _2_day(s).	Staff work hours are increased by greater than
·	

Step 1			
Safety/Health			
Impact Type	Low Impact		
Life	patients' No loss or significant threat to eustomers' or staff members' lives		
Health	Minimal, immediately treatable degradation in eustomers' or staff members' health with recovery within four days patients'		
Safety	Safety questioned		
Other:			

	Safety/Health
Medium Impact	High Impact
Patients' Customers' or staff members' lives are threatened, but they will recover after receiving medical treatment.	patients' Loss of customers' or staff members' lives
Temporary or recoverable impairment of eustomers' or staff members' health	Permanent impairment of significant aspects of eustomers' or staff members' health patients'
Safety affected	Safety violated

Step 1	
Fines/Legal Penalties	
Impact Type	Low Impact
Fines	Fines less than \$ <u>10,000</u> are levied.
Lawsuits	Non-frivolous lawsuit(s) less than \$_100,000_ are filed against the organization or frivolous lawsuit(s) are filed against the organization.
Investigations	No queries from government or other investigative organizations.
Other:	·

	Fines/Legal Penalties	
Medium Impact	High Impact	
Fines between \$ <u>10,000</u> and \$_ <u>100,000</u> are levied.	Fines greater than \$_100,000_ are levied.	
Non-frivolous lawsuit(s) between \$_100,000 and \$_1 millionis filed against the organization.	Non-frivolous lawsuit(s) greater than \$_1 millionis filed against the organization.	
Government or other investigative organization requests information or records (low profile).	Government or other investigative organization initiates a high-profile, in-depth investigation into organizational practices.	

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5 Asset Identification Worksheet

Information, Systems, and Applications	
System	Information
What systems do people in your organization need to perform their jobs?	What information do people in your organization need to perform their jobs?
Patient Information Data System (PIDS)	 patient medical information
Financial Record Keeping System (FRKS)	billing recordsinsurance recordspayment schedules
Emergency Care Data System (ECDS)	billing recordsinsurance records
personal computers	 patient medical information billing records insurance records payment schedules providers' credentials (paper files)
email server (for general email)	 information in emails patient information (exchanges among doctors)

	Information, Systems, and Applications
Applications and Services	Other Assets
What applications and services do people in your organization need to perform their jobs?	What other assets are closely related to these assets?
 database application email Internet connectivity 	 paper medical records Internet Service Provider Internet Service Provider
database applicationInternet connectivity	- Internet Service Frontier
 Internet connectivity 	- Internet Service Provider
emailInternet connectivity	 PIDS FRKS ECDS other functional systems Internet Service Provider
	PIDSpersonal computers

People	
People	Skills and Knowledge
Which people have a special skill or knowledge that is vital to your organization and would be difficult to replace?	What are their special skills or knowledge?
External relations	A group of people who controls the release of patient medical information
ABC Systems	Group that manages all major changes, maintenance, and upkeep of all major systems
MTF help desk	PC technicians who troubleshoot PC problems for users
Mr. Smith	Senior IT staff member. He is the only on-site staff member with networking skills.

	People
Related Systems	Related Assets
Which systems do these people use?	Which other assets do these people use (i.e., information, services or applications)?
- PIDS	
- PIDS	
- FRKS	
- ECDS	
– network	
– PCs	

6 Security Practices Worksheet

Steps 3a, 3b, and 4

1. Security Awareness and Training

Step 3a	
Statement	To what extent is this statement reflected in your organization?
Staff members understand their security roles and responsibilities. This is documented and verified.	Very Much Somewhat Not At All Don't Know
There is adequate in-house expertise for all supported services, mechanisms, and technologies (e.g., logging, monitoring, or encryption), including their secure operation. This is documented and verified.	Very Much Somewhat Not At All Don't Know
Security awareness, training, and periodic reminders are provided for all personnel. Staff understanding is documented and conformance is periodically verified.	Very Much Somewhat Not At All Don't Know
Staff members follow good security practice, such as securing information for which they are responsible not divulging sensitive information to others (resistance to social engineering) having adequate ability to use information technology hardware and software using good password practices understanding and following security policies and regulations recognizing and reporting incidents	Very Much Somewhat Not At All Don't Know

1. Security Awareness and Training

Step 3b		Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
 We have training, guidance, regulations, and policies. Awareness training is required to get an account. 	 There is a lack of training for IT staff. Awareness training is inadequate. Staff does not understand security issues. There is little understanding of security roles and responsibilities. People share accounts and passwords. 	☑ Red☑ Yellow☑ Green☑ Not Applicable
		J

2. Security Strategy

Step 3a		
Statement	To what extent is this statement reflected in your organization?	
The organization's business strategies routinely incorporate security considerations.	Very Much Somewhat Not At All Don't Know	
Security strategies and policies take into consideration the organization's business strategies and goals.	Very Much Somewhat Not At All Don't Know	
Security strategies, goals, and objectives are documented and are routinely reviewed, updated, and communicated to the organization.	Very Much Somewhat Not At All Don't Know	

2. Security Strategy

Step 3b		Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
	 Our current protection strategy is not effective. 	⊠ Red
	 Our security strategy lacks business sense. It is not proactive. 	□ Yellow
		☐ Green
		☐ Not Applicable
·		

3. Security Management

Step 3a Statement	To what extent is this statement reflected in your organization?	
Management allocates sufficient funds and resources to information security activities.	Very Much Somewhat Not At All Don't Know	
Security roles and responsibilities are defined for all staff in the organization.	Very Much Somewhat Not At All Don't Know	
All staff at all levels of responsibility implement their assigned roles and responsibility for information security.	Very Much Somewhat Not At All Don't Know	
There are documented procedures for authorizing and overseeing all staff (including personnel from third-party organizations) who work with sensitive information or who work in locations where the information resides.	Very Much Somewhat (Not At All) Don't Know	
The organization's hiring and termination practices for staff take information security issues into account.	Very Much Somewhat Not At All Don't Know	
The organization manages information security risks, including • assessing risks to information security	Very Much Somewhat (Not At All) Don't Know	
 taking steps to mitigate information security risks 		
Management receives and acts upon routine reports summarizing security-related information (e.g., audits, logs, risks and vulnerability assessments).	Very Much Somewhat Not At All Don't Know	

3. Security Management

Step 3b		Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
 This risk evaluation is a step in the right direction. 	 We have an inadequate budget for security. Staff members are complacent about 	⊠ Red
	security.	☐ Yellow ☐ Green
	,	☐ Not Applicable

4. Security Policies and Regulations

Step 3a			
Statement	To what extent is this statement reflected in your organization?		
The organization has a comprehensive set of documented, current policies that are periodically reviewed and updated.	Very Much Somewhat Not At All Don't Know		
There is a documented process for management of security policies, including • creation	Very Much Somewhat Not At All Don't Know		
 administration (including periodic reviews and updates) communication 			
The organization has a documented process for evaluating and ensuring compliance with information security policies, applicable laws and regulations, and insurance requirements.	Very Much Somewhat Not At All Don't Know		
The organization uniformly enforces its security policies.	Very Much Somewhat (Not At All Don't Know		

4. Security Policies and Regulations

Step 4 Step 3b How effectively is What is your organization currently not What is your organization currently doing well in this area? your organization doing well in this area? implementing the practices in this area? There is poor Policies and procedures communication of □ Red exist. policies. There are established - People don't always incident-handling read and follow policies policies and procedures. and procedures. - There is a lack of follow-up on reported ☐ Green violations. We don't enforce our policies. ☐ Not Applicable

5. Collaborative Security Management

Step 3a			
Statement	To what extent is this statement reflected in your organization?		
The organization has policies and procedures for protecting information when working with external organizations (e.g., third parties, collaborators, subcontractors, or partners), including	Very Much Somewhat Not At All Don't Know		
 protecting information belonging to other organizations 			
 understanding the security polices and procedures of external organizations 			
 ending access to information by terminated external personnel 			
The organization documents information protection requirements and explicitly communicates them to all appropriate third parties.	Very Much Somewhat Not At All Don't Know		
The organization has formal mechanisms for verifying that all third-party organizations, outsourced security services, mechanisms, and technologies meet its needs and requirements.	Very Much Somewhat Not At All Don't Know		
The organization has policies and procedures for collaborating with all third-party organizations that	Very Much Somewhat Not At All Don't Know		
 provide security awareness and training services 			
 develop security policies for the organization 			
 develop contingency plans for the organization 			

5. Collaborative Security Management

Step 3b		Step 4	
What is your organization currently doing well in this area?	What is your organization currently not doing well in this area?	How effectively is your organization implementing the practices in this area?	
	 We rely on more than ABC Systems to support our networks. 	⊠ Red	
	 There is no single point of contact for the network. Things get confused sometimes. 	☐ Yellow	
	 MedSite does not communicate its security-related requirements for PIDS to ABC Systems. 	☐ Green ☐ Not Applicable	

6. Contingency Planning/Disaster Recovery

Step 3a			
Statement	To what extent is this statement reflected in your organization?		
An analysis of operations, applications, and data criticality has been performed.	Very Much Somewhat Not At All Don't Know		
 The organization has documented, reviewed, and tested business continuity or emergency operation plans disaster recovery plan(s) contingency plan(s) for responding to emergencies 	Very Much Somewhat Not At All Don't Know		
The contingency, disaster recovery, and business continuity plans consider physical and electronic access requirements and controls.	Very Much Somewhat Not At All Don't Know		
 All staff are aware of the contingency, disaster recovery, and business continuity plans understand and are able to carry out their responsibilities 	Very Much Somewhat Not At All Don't Know		

6. Contingency Planning/Disaster Recovery

Step 4 Step 3b How effectively is What is your organization currently not What is your organization currently your organization doing well in this area? doing well in this area? implementing the practices in this area? - We don't have a We have disaster business continuity □ Red recovery plans for natural disasters and plan. some emergencies. - We don't have disaster recovery plans for systems and networks. - We're not sure how much testing has been ☐ Green done of the plans we do have. ■ Not Applicable

7. Physical Access Control

Step 3a		
Statement	To what extent is this statement reflected in your organization?	
If staff from your organization is responsible for this area: Facility security plans and procedures for safeguarding the premises, buildings, and any restricted areas are documented and tested.	Very Much Somewhat Not At All Don't Know	
There are documented policies and procedures for managing visitors.	Very Much Somewhat Not At All Don't Know	
There are documented policies and procedures for controlling physical access to work areas and hardware (computers, communication devices, etc.) and software media.	Very Much Somewhat Not At All Don't Know	
Workstations and other components that allow access to sensitive information are physically safeguarded to prevent unauthorized access.	Very Much Somewhat Not At All Don't Know	
If staff from a third party is responsible for this area: The organization's requirements for physical access control are formally communicated to all contractors and service providers that control physical access to the building and premises, work areas, IT hardware, and software media.	Very Much Somewhat Not At All Don't Know	
The organization formally verifies that contractors and service providers have met the requirements for physical access control.	Very Much Somewhat Not At All Don't Know	

7. Physical Access Control

Step 4 Step 3b How effectively is What is your organization currently not What is your organization currently your organization doing well in this area? doing well in this area? implementing the practices in this area? We are required to lock - Once sensitive information is printed our offices at the end ☐ Red and distributed, it is of the day. not properly controlled Physical security for or handled. our computer room is X Yellow - Physical security is good. hampered by o location/distribution ☐ Green of PCs o need to share PCs ■ Not Applicable shared office space o sharing codes to cipher locks o multiple access points to rooms

8. Monitoring and Auditing Physical Security

Statement Statement	To what extent is this statement reflected in your organization?	
If staff from your organization is responsible for this area: Maintenance records are kept to document the repairs and modifications of a facility's physical components.	Very Much Somewhat Not At All Don't Know	
An individual's or group's actions, with respect to all physically controlled media, can be accounted for.	Very Much Somewhat Not At All Don't Know	
Audit and monitoring records are routinely examined for anomalies, and corrective action is taken as needed.	Very Much Somewhat Not At All Don't Know	
If staff from a third party is responsible for this area: The organization's requirements for monitoring physical security are formally communicated to all contractors and service providers that monitor physical access to the building and premises, work areas, IT hardware, and software media.	Very Much Somewhat Not At All Don't Know	
The organization formally verifies that contractors and service providers have met the requirements for monitoring physical security.	Very Much Somewhat Not At All Don't Know	

8. Monitoring and Auditing Physical Security

Step 3b	•	Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
	 Audit records are spotty. We're not sure that anyone reviews them. 	⊠ Red
		☐ Yellow
		☐ Green
		☐ Not Applicable

9. System and Network Management

Step 3a		
Statement	To what extent is this statement reflected in your organization?	
If staff from your organization is responsible for this		
area:	Very Much Somewhat (Not At All) Don't Know	
There are documented and tested security plan(s) for safeguarding the systems and networks.	Very Much Somewhat (Not At All) Don't Know	
Sensitive information is protected by secure storage (e.g., backups stored off site, discard process for sensitive information).	Very Much Somewhat Not At All Don't Know	
The integrity of installed software is regularly verified.	Very Much Somewhat Not At All Don't Know	
All systems are up to date with respect to revisions, patches, and recommendations in security advisories.	Very Much Somewhat Not At All Don't Know	
There is a documented and tested data backup plan for backups of both software and data. All staff understand their responsibilities under the backup plans.	Very Much Somewhat Not At All Don't Know	
Changes to IT hardware and software are planned, controlled, and documented.	Very Much Somewhat Not At All Don't Know	
IT staff members follow procedures when issuing, changing, and terminating users' passwords, accounts, and privileges.	Very Much Somewhat Not At All Don't Know	
 Unique user identification is required for all information system users, including third-party users. 		
 Default accounts and default passwords have been removed from systems. 		
Only necessary services are running on systems – all unnecessary services have been removed.	Very Much Somewhat Not At All Don't Know	
Tools and mechanisms for secure system and network administration are used, and are routinely reviewed and updated or replaced.	Very Much Somewhat Not At All Don't Know	
If staff from a third party is responsible for this area:		
The organization's security-related system and network management requirements are formally communicated to all contractors and service providers that maintain systems and networks.	Very Much Somewhat Not At All Don't Know	
The organization formally verifies that contractors and service providers have met the requirements for security-related system and network management.	Very Much Somewhat Not At All Don't Know	

9. System and Network Management

Step 3b	Step 4
	your organization currently not rell in this area? How effectively is your organization implementing the practices in this area?
security plan. - We force users to change their passwords regularly. - ABC Systems has reported very few intrusions. - Systems are well protected with passwords. - ABC Systems runs tools from their site.	edSite has no occumented security an. The don't clean up therited access rights ary well. The reine not sure the ther ABC Systems are pseps up with security offices. The haven't been rained in the use of the latest system diministration tools.

10. Monitoring and Auditing IT Security

Step 3a		
Statement	To what extent is this statement reflected in your organization?	
If staff from your organization is responsible for this area: System and network monitoring and auditing tools are routinely used by the organization. Unusual activity is dealt with according to the appropriate policy or procedure.	Very Much Somewhat Not At All Don't Know	
Firewall and other security components are periodically audited for compliance with policy.	Very Much Somewhat Not At All Don't Know	
If staff from a third party is responsible for this area: The organization's requirements for monitoring information technology security are formally communicated to all contractors and service providers that monitor systems and networks.	Very Much Somewhat Not At All Don't Know	
The organization formally verifies that contractors and service providers have met the requirements for monitoring information technology security.	Very Much Somewhat Not At All Don't Know	

10. Monitoring and Auditing IT Security

Step 3b		Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
 ABC Systems does all IT audits. ABC Systems runs monitoring tools. 	- ABC Systems does not report unusual activity to anyone here.	□ Red ⊠ Yellow
		☐ Green☐ Not Applicable

11. Authentication and Authorization

Step 3a	
Statement	To what extent is this statement reflected in your organization?
If staff from your organization is responsible for this area: Appropriate access controls and user authentication (e.g., file permissions, network configuration) consistent with policy are used to restrict user access to information, sensitive systems, specific applications and services, and network connections.	Very Much Somewhat Not At All Don't Know
There are documented policies and procedures to establish and terminate the right of access to information for both individuals and groups.	Very Much Somewhat Not At All Don't Know
Methods or mechanisms are provided to ensure that sensitive information has not been accessed, altered, or destroyed in an unauthorized manner. Methods or mechanisms are periodically reviewed and verified.	Very Much Somewhat Not At All Don't Know
If staff from a third party is responsible for this area: The organization's requirements for controlling access to systems and information are formally communicated to all contractors and service providers that provide authentication and authorization services.	Very Much Somewhat Not At All Don't Know
The organization formally verifies that contractors and service providers have met the requirements for authentication and authorization.	Very Much Somewhat Not At All Don't Know

11. Authentication and Authorization

Step 3b		Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
 There are policies and procedures for access and control permissions. Systems are protected well using passwords. 	 We're not using role-based management of accounts. People inherit far too many privileges. 	□ Yellow □ Green □ Not Applicable

12. Vulnerability Management

Step 3a

Step 5a		
Statement	To what extent is this statement reflected in your organization?	
If staff from your organization is responsible for this area: There is a documented set of procedures for	•	
managing vulnerabilities, including	Very Much Somewhat Not At All Don't Know	
 selecting vulnerability evaluation tools, checklists, and scripts 		
 keeping up to date with known vulnerability types and attack methods 		
 reviewing sources of information on vulnerability announcements, security alerts, and notices 		
 identifying infrastructure components to be evaluated 		
 scheduling of vulnerability evaluations 		
 interpreting and responding to the results 		
 maintaining secure storage and disposition of vulnerability data 		
Vulnerability management procedures are followed and are periodically reviewed and updated.	Very Much Somewhat Not At All Don't Know	
Technology vulnerability assessments are performed on a periodic basis, and vulnerabilities are addressed when they are identified.	Very Much Somewhat Not At All Don't Know	
If staff from a third party is responsible for this area:	Very Much Somewhat (Not At All) Don't Know	
The organization's vulnerability management requirements are formally communicated to all contractors and service providers that manage technology vulnerabilities.		
The organization formally verifies that contractors and service providers have met the requirements for vulnerability management.	Very Much Somewhat Not At All Don't Know	

12. Vulnerability Management

Step 3b		Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
 ABC Systems does all vulnerability evaluation and management. 	 We haven't received training about how to interpret vulnerability reports. 	⊠ Red .
		☐ Yellow
		☐ Green
		□ Not Applicable

13. Encryption

Step 3a			
Statement	To what extent is this statement reflected in your organization?		
If staff from your organization is responsible for this area: Appropriate security controls are used to protect sensitive information while in storage and during transmission (e.g., data encryption, public key infrastructure, virtual private network technology).	Very Much Somewhat Not At All Don't Know		
Encrypted protocols are used when remotely managing systems, routers, and firewalls.	Very Much Somewhat Not At All Don't Know		
If staff from a third party is responsible for this area: The organization's requirements for protecting sensitive information are formally communicated to all contractors and service providers that provide encryption technologies.	Very Much Somewhat Not At All Don't Know		
The organization formally verifies that contractors and service providers have met the requirements for implementing encryption technologies.	Very Much Somewhat Not At All Oon't Know		

13. Encryption

Step 4 Step 3b How effectively is What is your organization currently not What is your organization currently your organization doing well in this area? doing well in this area? implementing the practices in this area? We don't protect patient information **⊠** Red when we send it electronically to third parties. ☐ Yellow - We don't know whether ABC Systems protects patient information ☐ Green using encryption. The topic has never come up. □ Not Applicable

14. Security Architecture and Design

Step 3a					
Statement	To what extent is this statement reflected in your organization?				
If staff from your organization is responsible for this area: System architecture and design for new and revised systems include considerations for • security strategies, policies, and procedures • history of security compromises	Very Much Somewhat Not At All Don't Know				
results of security risk assessments The organization has up-to-date diagrams that show the enterprise-wide security architecture and network topology.	Very Much Somewhat Not At All Don't Know				
If staff from a third party is responsible for this area: The organization's security-related requirements are formally communicated to all contractors and service providers that design systems and networks.	Very Much Somewhat (Not At All Don't Know				
The organization formally verifies that contractors and service providers have met the requirements for security architecture and design.	Very Much Somewhat (Not At All Don't Know				

14. Security Architecture and Design

Step 3b		Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
	 PIDS II is being developed and no one has talked to us about security. 	⊠ Red
		□ Yellow
		☐ Green
·		□ Not Applicable
·		

15. Incident Management

Step 3a					
Statement	To what extent is this statement reflected in your organization?				
If staff from your organization is responsible for this area: Documented procedures exist for identifying, reporting, and responding to suspected security incidents and violations.	Very Much Somewhat Not At All Don't Know				
Incident management procedures are periodically tested, verified, and updated.	Very Much Somewhat Not At All Don't Know				
There are documented policies and procedures for working with law enforcement agencies.	Very Much Somewhat Not At All Don't Know				
If staff from a third party is responsible for this area: The organization's requirements for managing incidents are formally communicated to all contractors and service providers that provide incident management services.	Very Much Somewhat Not At All Don't Know				
The organization formally verifies that contractors and service providers have met the requirements for managing incidents.	Very Much Somewhat Not At All Don't Know				

15. Incident Management

Step 3b		Step 4
What is your organization currently doing well in this area?	What is your organization currently <i>not</i> doing well in this area?	How effectively is your organization implementing the practices in this area?
 Procedures exist for incident response. 	 We have never considered how to deal with law enforcement. 	□ Red
	 It is not clear how or where we should report incidents. 	⊠ Yellow
·	 We have never discussed incident management with ABC Systems. 	☐ Green
		□ Not Applicable
		·
· .		·
·		

OCTAVE-S V1.0

7 Critical Asset Selection Worksheet

Step 5

Step 5

Questions to Consider:

Which assets will have a large adverse impact on the organization if

- they are disclosed to unauthorized people?
- they are modified without authorization?
- they are lost or destroyed?
- access to them is interrupted?

Critical Asset			
1. Patient Information Data System (PIDS)			
2. Paper medical records			
3. Personal computers			
4. ABC Systems			
5. Emergency Data Care System (ECDS)			

Notes
We are dependent on PIDS.
The number one data source for patient information is paper medical records.
All staff access key medical systems using personal computers.
They control our network.
This is typical of the 32 functional systems at MedSite.

8 Critical Asset Information Worksheet for Systems

Steps 6, 7, 8, 9, 10, and 11

Note that from this point on, most of the case scenario results are only for the critical asset PIDS.

Step 6	Step 7
Critical Asset	Rationale for Selection
What is the critical system?	Why is this system critical to the organization?
Patient Information Data System (PIDS)	We are 98% dependent on PIDS for delivering patient care.

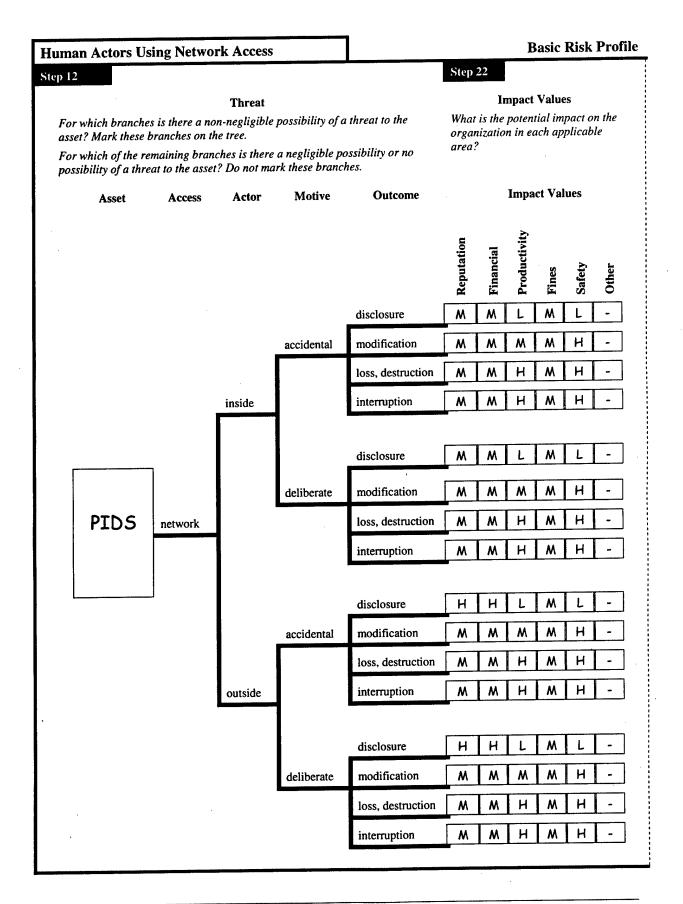
Related Assets Which assets are related to this system? Information: - Patient medical information - Database - Email Other: - Personal computers - Paper medical records - Internet connectivity - ABC Systems - External relations

Step 8		
Description		
Who uses the system?	Who	is responsible for the system?
Providers, lab t	technician, pharmacists, and appointment schedulers a nsible for a subset of the medical information on PID sponsibility for maintaining PIDS. Some day-to-day m our IT staff.	S. ABC Systems
Step 10		Step 11
Security Requiremen	ts	Most Important Security Requirement
	requirements for this system? The security requirements should be for this system, not what they currently are.)	Which security requirement is most important for this system?
☑ Confidentiality	Only authorized personnel can view information on PIDS Information should be restricted to those with a "need to know." Information is subject to	☐ Confidentiality
	the privacy act.	☐ Integrity
☑ Integrity	Only authorized personnel can modify information on	■ Availability ■ Av
	<u>PIDS</u> Records must be complete and correct.	Other
⊠ Availability	PIDS must be available for personnel to perform their jobs. Access to information is required 24/7. Unavailability cannot exceed hour(s) per every hours.	
☐ Other	·	

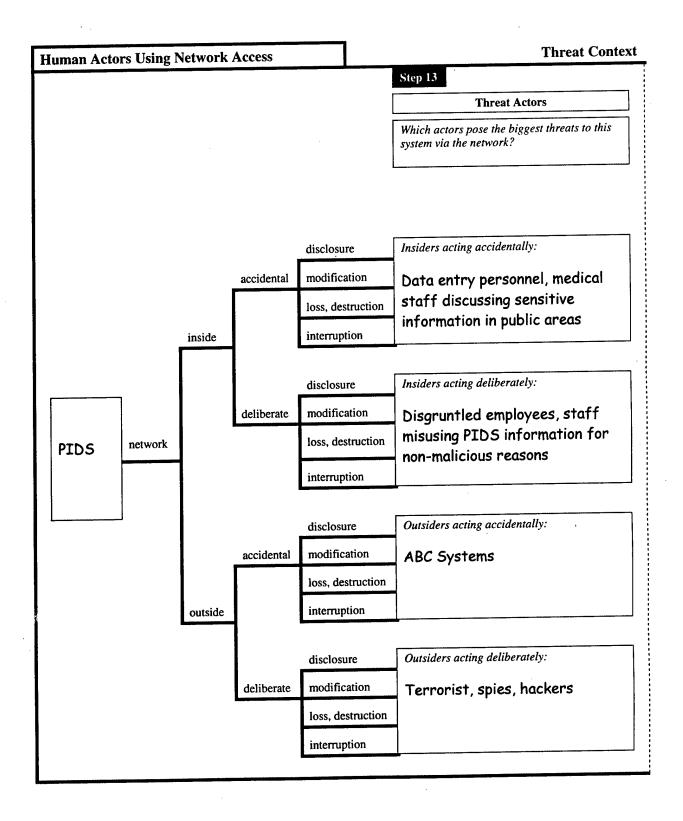
9 Risk Profile Worksheets for Systems – PIDS

Steps 12, 13, 14, 15, 16, 22, 23, 24, 26, 27

9.1 Risk Profile Worksheet for PIDS – Human Actors Using Network Access



Step 24										ccess
Probability		ity Practic		_				_	proac	
How likely is the threat to occur in the future? How confident are you in your estimate?	What is the stoplight status for e	ach security	practice	e area?				аррі		
Value Confidence	Strategic		Oı	peratio	nal					
Vorv Much Somewhat Not At All	 Sec Training Sec Strategy Sec Mgmt Sec Policy & Reg Coll Sec Mgmt Cont Planning 	7. Phys Acc Cutrl 8. Monitor Phys Sec	9. Sys & Net Mgmt	10. Authen & Auth	12. Vul Mgmt	13. Encryption	14. Sec Arch & Des15. Incident Mgmt	Accept	Defer	Mitigate
H [X	R R R Y R Y	8 7 7	УУ	R	R	R	R Y		X	
L X	R R R Y R Y		уу	R	R	R	R Y	0	X	
L X	R R R Y R Y		УУ	R	R	R	R Y		X	
L X	R R R Y R Y		УУ	R	R	R	RY	0	X	
H X	RRYRY	13 . dyn 13 . dyn 15 . dyn	УУ	R	R	R	R Y		0	X
L X	RRRYRY		УУ	R	R	R	R Y	0		X
L X	RRRYRY		уу	R	R	R	R Y		. 0	X
L X	RRRYRY		УУ	R	R	R	R Y			X
L X	R R R Y R Y		уу	R	R	R	R Y		X	
L X	R R R Y R Y		уу	R	R	R	R Y	۵	X	
L X	R R R Y R Y		УУ	R	R	R	R Y		X	
L X	RRRYRY		УУ	R	R	R	R Y		X	
L X	RRRYRY		УУ	R	R	R	R Y			X
L X	RRRYRY		УУ	' R	R	R	R Y			X
L X	RRRYRY		УУ	R	R	R	R Y			X
L X	RRRYRY		УУ	/ R	R	R	RY		. 🗆	X



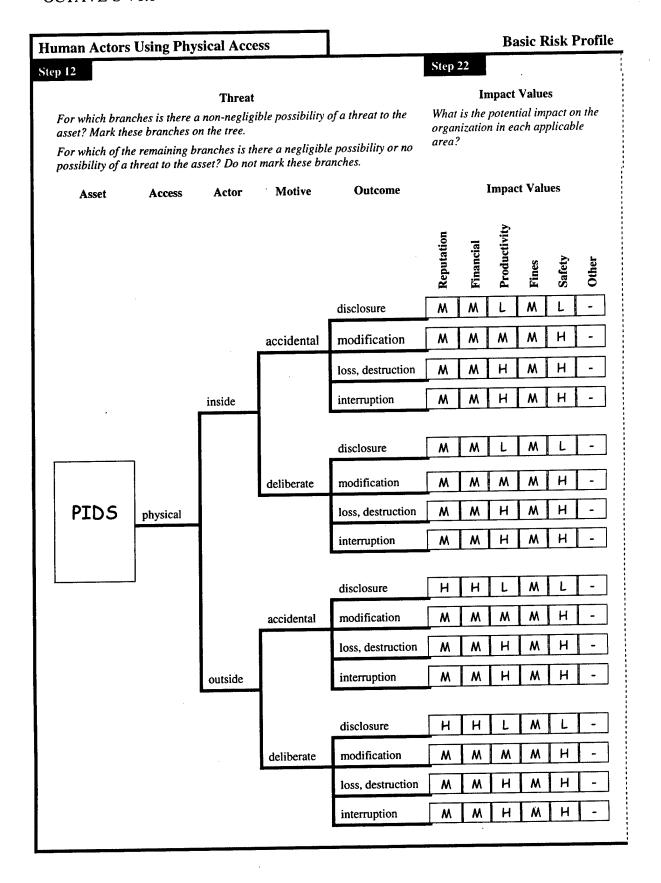
Threat Context		Human Actors Using Network Access			
Step 14		Step 15			
Mo	tive	History			
How strong is the actor's motive?	How confident are you in this estimate?	How often has this threat occurred in the past? How accura are the data			
High Medium Low	Very Much Somewhat Not At All		Very Somewhat Not At All		
		10+ times in1_ years			
	Angle to a	2 times in5 years			
A STATE OF THE STA		2 times in5 years			
110 mm m 110 mm m m m		_0 times in _5 years			
		_0 times in _5 years			
		_0 times in _5 years			
		_0 times in _5 years			
		<u>0</u> times in <u>5</u> years			

Step 16

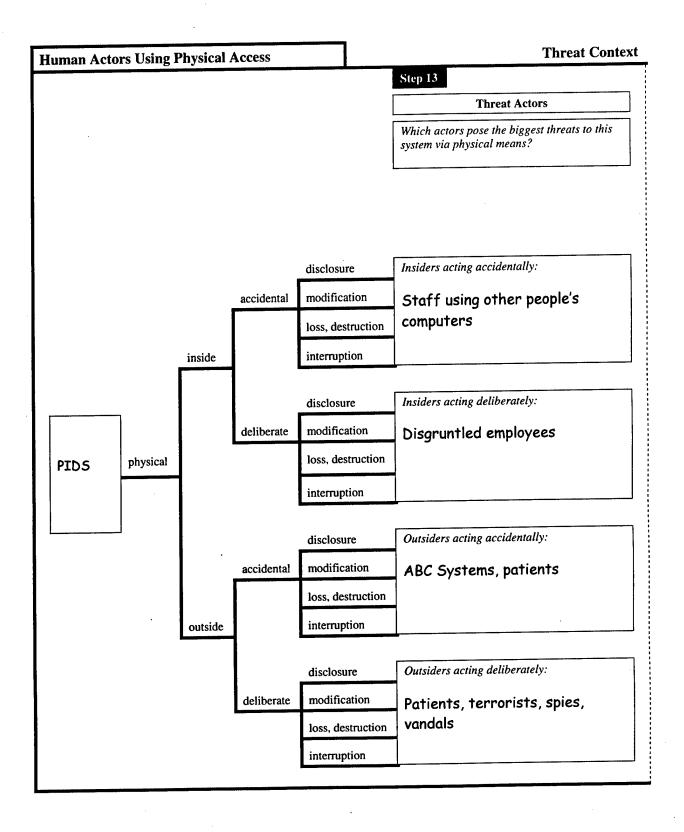
Human Actors Using Networl	k Access	Areas of Concern
Insiders Using Network Access Give examples of how insiders acting accidentally could use network access to threaten this system.	S	
Give examples of how insiders acting deliberately could use network access to threaten this system.	that access	pers with legitimate access to PIDS sometimes use to view information that they shouldn't (e.g., medical friends). This is a violation of the privacy act.
	Disgruntled information	employees are a concern. The more they know about technology, the more dangerous they are.
Outsiders Using Network Acc	ess	
Give examples of how outsiders acting accidentally could use network access to threaten this system.	ABC System	ns has access to PIDS and the network. Any deliberate all acts by their staff could affect our ability to ient care.
Give examples of how outsiders acting deliberately could use network access to threaten this system.		and spies are of concern. If they disrupt PIDS, they down MedSite.
	Hackers are	e also a concern. If they disrupt PIDS, they could shut ite.

reas of Concern	
	Insiders Using Network Access
cole-based access builds over time ccess to too much information.	ne. Many staff members have
	Outsiders Using Network Access
	5 and the network. Any deliberate could affect our ability to provide delete vital information on

9.2 Risk Profile Worksheet for PIDS – Human Actors Using Physical Access



Basic Risk Profile		Human Actors Using	Physical Access	
Step 24	Step 26		Step 27	
Probability How likely is the threat to occur in the future? How confident are you in your estimate?	Security What is the stoplight status for each	Practice Areas a security practice area?	Approach What is your approach for addressing each risk?	
Value Confidence	Strategic	Operational		
Very Somewhat Not At All	1. Sec Training 2. Sec Strategy 3. Sec Mgmt 4. Sec Policy & Reg 5. Coll Sec Mgmt 6. Cont Planning	7. Phys Acc Cntrl 8. Monitor Phys Sec 9. Sys & Net Mgmt 10. Monitor IT Sec 11. Authen & Auth 12. Vul Mgmt 13. Encryption 14. Sec Arch & Des 15. Incident Mgmt	Accept Defer Mitigate	
L X	R R R Y R Y	y R R Y		
L X	R R R Y R Y	y R R Y		
L X	R R R Y R Y	y R R Y		
L X	R R R Y R Y	y R 144 R Y		
L X	RRRYRY	Y R R Y		
L X	R R R Y R Y	Y R R Y		
L X	RRRYRY	y R R Y		
L X	R R R Y R Y	y R Y		
L X	R R R Y R Y	y R R Y		
L	R R R Y R Y	y R R Y		
L	R R R Y R Y	y R 2 R Y		
L X	R R R Y R Y	y R R Y		
L X	RRRYRY	y R R Y		
L X	RRRYRY	y R R Y		
L X	RRRYRY	y R R Y		
L X	RRRYRY	y R R Y		



Threat Context		Human Actors Usir	ng Physical Access
Step 14		Step 15	
Mot	ive	History	
How strong is the actor's motive?	How confident are you in this estimate?	How often has this threat occurred in the past?	How accurate are the data?
High Medium Low	Very Somewhat Not At All		Very Somewhat Not At All
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		_0 times in _5 years	
		0 times in5 years	
२०५० पुरस्काल स्थापित हरू । व १ ११ व्यक्ति १९५१ - इस्टार्स		0 times in5 years	
		0 times in5 years	
		0 times in5 years	
		<u>0</u> times in <u>5</u> years	

Step 16

Human Actors Using Physica	Access Areas of Concern
Insiders Using Physical Acces	
Give examples of how insiders acting accidentally could use physical access to threaten this system.	
Give examples of how insiders acting deliberately could use physical access to threaten this system.	Any staff member can get physical access to PIDS by using PCs left unattended in exam rooms. PCs in exam rooms are typically left logged on to PIDS.
	Our main computer room is often left unlocked. Also, too many staff members seem to have keys to the room. Any staff member with malicious intent could gain access.
Outsiders Using Physical Acc	ess ess
Give examples of how outsiders acting accidentally could use physical access to threaten this system.	Any patient could accidentally see PIDS information when they are left alone in exam rooms. They could also deliberately look at PIDS information if they wanted to.
	ABC Systems has physical access all of our IT equipment. Any deliberate or accidental acts by their staff could affect our ability to provide patient care.
Give examples of how outsiders acting deliberately could use physical access to threaten this system.	Any patient could accidentally see PIDS information when they are left alone in exam rooms. They could also deliberately look at PIDS information if they wanted to.
	ABC Systems has physical access all of our IT equipment. Any deliberate or accidental acts by their staff could affect our ability to provide patient care.

Areas of Concern	
	Insiders Using Physical Access
	Outsiders Using Physical Access
Terrorists and spies could attempt as easily as they could try to hack i could shut down MedSite.	to physically access PIDS just t. If they disrupt PIDS, they
The PIDS server is located at ABC physical access to PIDS. Their physiconcern.	Systems' site. Its staff has sical security for the server is a

9.3 Risk Profile Worksheet for PIDS – System Problems

System Problem	ıs					В	asic l	Risk l	Profile	
Step 12				Step	22_					
Thre For which branches is there a non-negli asset? Mark these branches on the tree. For which of the remaining branches is possibility of a threat to the asset? Do n		on the tree. branches is there a negligible	negligible possibility of a threat to the ree. s is there a negligible possibility or no			Impact Values What is the potential impact on the organization in each applicable area?				
Asset		Actor	Outcome			lmpa	ct Va	lues	1	
				Reputation	Financial	Productivity	Fines	Safety	Other	
			disclosure				<u> </u>			
		software defects	modification							
			loss, destruction	М	M	Н	M	Н	-	
			interruption	M	M	Н	M	Н	-	
PIDS		system crashes	disclosure modification loss, destruction		M	L H		I I		
		1	interruption	M	М	Н	M	Н	-	
		hardware defects	disclosure modification loss, destruction	M	M	I I I H	 M	Н		
			interruption	M	M	Н	М	Н	-	
		malicious code	disclosure modification	H	Н	L	M	L	<u> </u>	
,		(virus, worm, Trojan horse, back door)	loss, destruction	W	М	Н	W	Н	-	
			interruption	М	М	Н	W	Н	-	
i										

Basic Risk Profile		Sy	stems Problems
Probability How likely is the threat to occur in the future? How confident are you in your estimate? Value Confidence	Step 26 Secu What is the stoplight status for a	rity Practice Areas each security practice area? Operational	Approach What is your approach for addressing each risk?
Value Confidence	1. Sec Training 1. Sec Training 1. Sec Training 1. Sec Training 2. Sec Strategy 3. Sec Mgmt 3. Sec Mgmt 4. Sec Policy & Reg 4. Sec Policy & Reg 4. Sec Policy & Reg 4. Sec Mgmt 4. Sec Mgmt 4. Sec Mgmt 5. Coll Sec Mgmt 6. Cont Planning 6. Cont Plann	13. Incident Mgmt 15.	C C
L x L	R R R Y R Y R R R Y R Y R R R Y R Y	Y Y R R Y Y Y R R R Y Y Y R R R Y	
L X	R R R Y R Y R R R Y R Y	y y R R R R Y y y R R R R Y	

System P	roble	ms							Thre	at C	ontex	t
					St	tep 15						:
								History				į
						How often he occurred in t	as this thr the past?	reat		accura ne data		
								-	Very	Somewhat	Not At All	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				disclosure	_	time	es in	years	٥	٥		
		software de	efects	modification	-	time	es in	years	0	0		
				loss, destruction	-	_ <u>10</u> time	s in <u>1</u>	years	ū	X		
				interruption	_	_10 time	s in1	years	X	u		
	_			disclosure		time	es in	years	0	0		
		system cra	shes	modification	_	time	es in	years		0		
PIDS				loss, destruction	_	_ <u>10+</u> _ time	es in <u>1</u>	years	0	X	0	
				interruption	- -	_ <u>10+</u> _ time	es in <u>1</u>	years	X	0	D	
				disclosure			es in	years	0	0		
		hardware o	defects	modification		time	es in	years		<u> </u>		
		:		loss, destruction	_	O time	es in <u>5</u>	years	X	<u> </u>		
				interruption	_	<u>O</u> tim	es in <u>5</u>	years	X		0	
			4.	disclosure modification			nes in <u>5</u>			0	X	
•		malicious	rm, Trojan		_					<u> </u>	<u> </u>	
		horse, bac		loss, destruction	_		es in <u>5</u>		 			ı
				interruption	_	_2 tim	nes in1	years	<u> </u>	X	0	

reat Context System Prob			
Notes			
What additional notes about each thi	reat do you want to record?		
	·		
	·		

TO 10 . 4 .	
ware defects could	The PIDS database application locks up periodically. To get PIDS back up, we need to reboot the system. Anytime PIDS is down, it affects MedSite's ability to provide patient care.
stem Crashes	
ve examples of how system	PIDS has a history of crashing for a variety of reasons. Anytime PIDS is down, it affects MedSite's ability to provide patient care
rdware Defects	
ve examples of how rdware defects could eaten this system.	
_	
,	
·	
alicious Code	
ve examples of how alicious code could threaten s system. (Consider ruses, worms, Trojan rses, back doors, others)	Any vulnerability could be exploited by a virus or other type of malicious code.
alicious code could threaten s system. (Consider ruses, worms, Trojan	

	Software Defects
	System Crashes
	Hardware Defects
	Malicious Code
	DTD C
ruses are a major con ecause of virus proble	cern. PIDS was shut down twice last year
scuuse of virus probles	me.

9.4 Risk Profile Worksheet for PIDS – Other Problems

Other Problems							В	asic	Risk	Profile	
Step 12					Step 2	22					
Threat For which branches is there a non-negligible possibility asset? Mark these branches on the tree. For which of the remaining branches is there a negligible possibility of a threat to the asset? Do not mark these br				ossibility or no	Impact Values What is the potential impact on the organization in each applicable area?				n the le		
Asset	Ac	tor	Outc	ome							
					Reputation	Financial	Productivity	Fines	Safety	Other	
				disclosure							
		power supp	oly	modification							
		problems		loss, destruction	М	М	Н	М	Н]	
				interruption	М	M	Н	М	Н	-	
PIDS		telecommu		disclosure modification loss, destruction							
1 103		unavailabil	ity	interruption	M	M	Н	М	Н	-	
		third-party or unavaila third-party	bility of	disclosure modification loss, destruction interruption	M	M	Н	M	Н		
		natural dis	asters	disclosure modification	н	Н	L	M	L		
		(e.g., flood tornado)	l, fire,	loss, destruction	M	M	Н	М	Н	-	
		(Ornado)		interruption	W	M	Н	М	Н	-	1 1 1 1
											:

Basic Risk Profile			Other Problems
Probability How likely is the threat to occur in the future? How confident are you in your estimate?	Step 26 Securi What is the stoplight status for each	ity Practice Areas ch security practice area?	Approach What is your approach for addressing each risk?
Value Confidence	Strategic	Operational	
Very Somewhat Not At All	 Sec Training Sec Strategy Sec Mgmt Sec Policy & Reg Coll Sec Mgmt Cont Planning 	7. Phys Acc Cntrl 8. Monitor Phys Sec 9. Sys & Net Mgmt 10. Monitor IT Sec 11. Authen & Auth 12. Vul Mgmt 13. Encryption 14. Sec Arch & Des 15. Incident Mgmt	Accept Defer Mitigate
II			
M X	R R R Y R Y	Y R Y	
M X	R R R Y R Y	Y R Y	
[]l			
[
[l			
L X	R R R Y R Y	Y R Y	
[
M X	RRRYRY	[32] [32] [32] [33] [34] [35] [37] [37]	
L X	R R R Y R Y	Y R	
[]l		10 10 2A 50 81 A 1	
L x	R R R Y R Y	Y R	
L X	R R R Y R Y	Y R	

Other Problem	ns			Threat Context			
			Step 15				
			History				
			How often has this threat occurred in the past?	How accurate are the data?			
				Very Somewhat Not At All			
		disclosure	times in years				
	power supply	modification	times in years				
	problems	loss, destruction					
		interruption	times in years				
	İ	disclosure	times in years				
	telecommunications	modification	times in years				
PIDS	problems or unavailability	loss, destruction	times in years				
		interruption	_1 times in _5 years				
<u> </u>		disclosure	times in years				
	third-party problems	modification	times in years				
	or unavailability of third-party systems	loss, destruction	times in years	0 0 0			
		interruption					
		disclosure					
	natural disasters	modification	times in years				
	(e.g., flood, fire, tornado)	loss, destruction	_2 times in _5 years				
·		interruption	2 times in5 years				

reat Context	Other Proble
Notes	
What additional notes about each th	hreat do you want to record?
	·
Power supply is controlled by the site and its	s facilities group.
rower supply is controlled by the site and the	, , , , , , , , , , , , , , , , , , ,
	·
	•

ther Problems	Areas of Concern
Power Supply Problems	
Give examples of how power supply problems could threaten this system.	Power supply problems can lead to a denial of access to PIDS. Our backup procedures have failed in the past, so this is a concern.
Telecommunications Problem	s
Give examples of how telecommunications problems could threaten this system.	We access PIDS using telecommunications lines. If there is a problem with any telecommunications equipment, then we could not access PIDS.
Third-Party Problems	
Give examples of how third- party problems could threaten this system.	MedSite is not a priority for ABC Systems. This prolongs downtime for PIDS.
Natural Disasters	and the state of t
Give examples of how natural disasters could threaten this system.	MedSite is located on a flood plane. We have had a history of floods, especially in the past five years. Access to PIDS was interrupted each time.

Areas of Concern	
	Power Supply Problems
	Telecommunications Problems
	Third-Party Problems
ABC Systems' configuration of our important Internet medical sites. requirements.	firewall restricts access to They do not understand our
	·
	Natural Disasters
	Natural Disasters
	Natural Disasters
,	Natural Disasters
	Natural Disasters
	Natural Disasters
	Natural Disasters

Other Problem	s (cont.)					В	asic I	Risk l	Profile
Step 12				Step	22				
Threat For which branches is there a non-negligible possibility of a threat to the asset? Mark these branches on the tree. For which of the remaining branches is there a negligible possibility or no possibility of a threat to the asset? Do not mark these branches.			Impact Values What is the potential impact on the organization in each applicable area?					n the le	
Asset	Actor	Out	come						
				Reputation	Financial	Productivity	Fines	Safety	Other
			disclosure	Н	Н	L	М	L	-
		physical configuration	modification						
		or arrangement of buildings, offices, or	loss, destruction						
		equipment	interruption						
			disclosure modification						
PIDS			loss, destruction						
	·		interruption						
			disclosure						
			modification						
			loss, destruction						
			interruption						
			disclosure modification						
	•		loss, destruction						
			interruption						

Basic Risk Profile		Other	Problems (cont.)
Step 24	Step 26		Step 27
Probability How likely is the threat to occur in the future? How confident are you in your estimate?	Sec What is the stoplight status for e	curity Practice Areas each security practice area?	Approach What is your approach for addressing each risk?
Value Confidence	Strategic	Operational	
Very Somewhat Not At All	 Sec Training Sec Strategy Sec Mgmt Sec Policy & Reg Coll Sec Mgmt Cont Planning 	7. Phys Acc Cntrl 8. Monitor Phys Sec 9. Sys & Net Mgmt 10. Monitor IT Sec 11. Authen & Auth 12. Vul Mgmt 13. Encryption 14. Sec Arch & Des 15. Incident Mgmt	Accept Defer Mitigate
H X	R R R Y R Y	Y R Y	
[0 0 0
[]			
[
[0 0 0
[]I			0 0 0
[
[0 0 0
<u></u>			
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[0 0 0
			0 0 0

Other Proble	ms (cont.)			Threat Context			
			Step 15				
			History				
·			How often has this threat occurred in the past?	How accurate are the data?			
			·	Very Somewhat Not At All			
		disclosure					
	physical configuration	modification	times in years	0 0 0			
	or arrangement of buildings, offices, or	loss, destruction	times in years	0 0 0			
	equipment	interruption	times in years				
		disclosure	times in years	0 0 0			
		modification	times in years				
PIDS		loss, destruction	times in years	0 0 0			
	-1	interruption	times in years				
		•					
		disclosure	times in years				
		modification	times in years				
		loss, destruction	times in years				
		interruption	times in years				
		dia da asses	times in years				
	,	disclosure					
		modification	times in years				
		loss, destruction	times in years				
Į		interruption	times in years				

Threat Context	Other Problems (cont.)
Note	es
What additional notes about each	threat do you want to record?
	·

Step 16 **Areas of Concern** Other Problems (cont.) **Physical Configuration Problems** Physical configuration of work areas permits unauthorized viewing Give examples of how of private patient information by staff members as well as physical configuration of buildings, offices, or outsiders. equipment could threaten this system. Give examples of how could threaten this system. Give examples of how could threaten this system. Give examples of how could threaten this system.

Physic	al Configuration	n Problems
•		
Г		

10 Risk Profile Worksheet for ABC SystemsOther Problems

Othe	Other Problems							Basic	Risk	Profile
Step	12				Step 2	2				·
Fo	or which bro e asset? Ma	anches is the	Threat re a non-negligible possibili nches on the tree.	Impact Values ility of a threat to What is the potential impact on the organization in each applicable are					a?	
F	or which of	the remainin	g branches is there a neglig the asset? Do not mark the	ible possibility or ese branches.						
A	sset		Actor	Outcome						
					Reputation	Financial	Productivity	Fines	Safety	Other
				disclosure						
			key people taking a	modification						
		temporary leave of absence (e.g., due to	loss, destruction							
		illness, disability)		interruption						
		1		disclosure						
			key people leaving the	modification						
A	IBC		organization permanently	loss, destruction						
s	Systems		(e.g., retirement, other opportunities)	interruption						
				disclosure						
-		•	threats affecting	modification						
			a third party or service provider	loss, destruction						
			ABC Systems	interruption	L	L	L	L	L	-
				disclosure						
				modification						
				loss, destruction						
				interruption						

Basic Risk Profile		C	ther Problems
Step 24	Step 26		Step 27
Probability How likely is the threat to occur in the future? How confident are you in your estimate?	Secur What is the stoplight status for e	rity Practice Areas ach security practice area?	Approach What is your approach for addressing each risk?
Value Confidence	Strategic	Operational	
	1. Sec Training 2. Sec Strategy 3. Sec Mgmt 4. Sec Policy & Reg 5. Coll Sec Mgmt 6. Cont Planning	7. Phys Acc Cntrl 8. Monitor Phys Sec 9. Sys & Net Mgmt 10. Monitor IT Sec 11. Authen & Auth 12. Vul Mgmt 13. Encryption 14. Sec Arch & Des 15. Incident Mgmt	O O Accept O O Defer O O O Mitigate
	R R R Y		

Other Problems				Threat Context
		S	tep 15	
			History	
			How often has this threat occurred in the past?	How accurate are the data?
				Very Somewhat Not At All
		disclosure	times in years	0 0 0
	key people taking a	modification	times in years	
	temporary leave of absence (e.g., due to	loss, destruction	times in years	
	illness, disability)	interruption	times in years	
		disclosure	times in years	0 0 0
	key people leaving	modification	times in years	
ABC	the organization permanently	loss, destruction	times in years	0 0 0
Systems	(e.g., retirement, other opportunities)	interruption	times in years	<u> </u>
		disclosure	times in years	0 0 0
	threats affecting	modification	times in years	
	a third party or service provider	loss, destruction	times in years	0 0 0
	ABC Systems	interruption	1 times in5 years	
		disclosure	times in years	
		modification	times in years	
		loss, destruction	times in years	
		interruption	times inyears	

eat Context	Other Prob
Notes	
What additional notes about each threat do you w	ant to record?
To our knowledge, there has been one time that security	issues affected ABC
Systems' service in the last 5 years.	

Step 16 **Areas of Concern Other Problems** People Taking a Temporary Leave of Absence Give examples of how key people taking a temporary leave of absence could affect the ability of this person or group of people to provide critical services, skills, and knowledge. People Leaving the Organization Permanently Give examples of how key people leaving the organization permanently could affect the ability of this person or group of people to provide critical services, skills, and knowledge. Threats Affecting a Third-Party ABC Systems configures and maintains all major systems and the Give examples of how threats network for MedSite. If ABC Systems is unable to provide affecting a third party or service provider could affect the ability services to MedSite because of threats to their systems and of that third party or service networks, MedSite's operations could be affected. provider to provide critical services, skills, and knowledge.

Areas of Concern	
	People Taking a Temporary Leave of Absence
	1 topic luking a lemporary zouro orizonal
	·
	People Leaving the Organization Permanently
	•
	Threats Affecting a Third-Party
Tf thonaic a problem	Threats Affecting a Third-Party
If there is a problem i	with PIDS or the network and ABC Systems
If there is a problem is unable to respond in be increased.	
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems
is unable to respond in	with PIDS or the network and ABC Systems

11 Network Access Paths Worksheet

Steps 17 and 18

Step 17

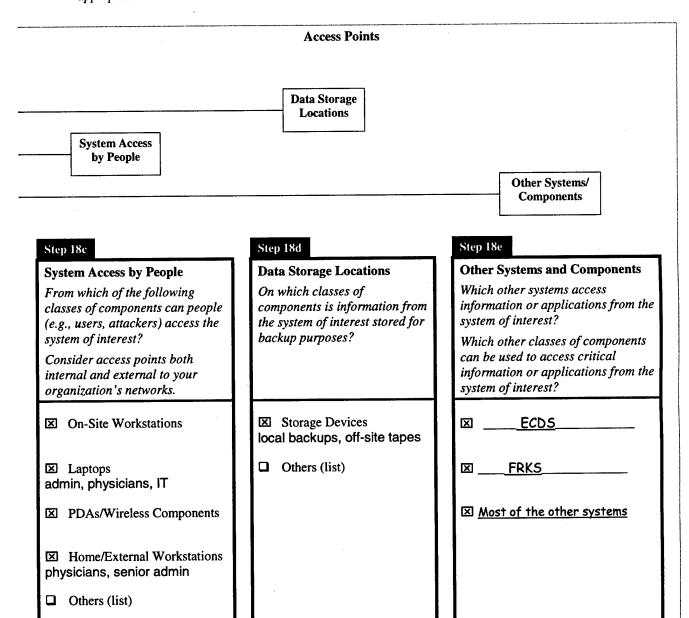
System of Interest

What system or systems are most closely related to the critical asset?

PIDS (is its own system of interest)

Access Points Intermediate System of Access Points Interest Step 18b Step 18a **Intermediate Access Points System of Interest** Which of the following classes of Which of the following classes of components are used to transmit components are part of the system information and applications from of interest? the system of interest to people? Which classes of components could serve as intermediate access points? Servers Server A ■ Internal Networks ☐ Others (list) admin, physician, treatment room Others (list)

Note: When you select a key class of components, make sure that you also document any relevant subclasses or specific examples when appropriate.



12 Infrastructure Review Worksheets

Steps 19, 20, and 21

Step 20 Step 19b Step 19a Responsibility **Critical Assets** Class Who is responsible for Which critical assets are Which classes of components <u>Note</u> maintaining and securing related to each class? are related to one or more In Step 19a, each class of component? critical assets? mark the path to each class selected in Steps 18a-18e. (Document any relevant subclasses or specific paper med recs ABC Systems examples when appropriate.) **ECDS** PIDS PCs Servers ABC Systems Server A ABC Systems Server B Internal Networks ABC Systems & our IT All On-Site Workstations ABC Systems & our IT Admin ABC Systems & our IT **Physicians** ABC Systems & our IT Patient treatment rooms Laptops ABC Systems & our IT Admin ABC Systems & our IT **Physicians** ABC Systems & our IT IT PDAs/Wireless Components ABC Systems & our IT **Physicians** ABC Systems & our IT Others ABC Systems & our IT

Step 2		Prote	ection				Notes/Issues
Protection To what extent is security considered when configuring and maintaining each class of component?			How do you know?			What additional information do you want to record?	
Very Much	Somewhat	Not At All	Don't Know	Formal Techniques	Informal Means	Other	
Serve	ers					•	
			X		ū		
			X		0	0	
					0		
Interr	nal Netwo	orks					
		X		0	X		IT does some items on these.
				. 0	Q		
				<u> </u>			
On-S	ite Work	stations					
 	X-			0	X		IT focuses on Admin's workstations.
	×				X	O	
	×		Q	0	X		
Lapto	ops						
			X				
		ζ			X	0	
			0		X		IT does a lot of extras on their own PCs.
PDA	s/Wirele:	ss Compo	nents				
		X			X		No one has paid attention to this.
		X			X		

	Step 19a		Step	19b				Step 20
	Class			Criti	cal A	ssets		Responsibility
Note In Step 19a, mark the path to each class selected in Steps 18a-18e.	Which classes of components are related to one or more critical assets?			ch crit ed to				Who is responsible for maintaining and securing each class of component?
	(Document any relevant subclasses or specific examples when appropriate.)		1. PIDS	2. paper med recs	3. PCs	4. ABC Systems	5. Ecbs	
	Other Systems	7						
	All other systems	1	✓		✓		✓	ABC Systems and our IT
			.,					
	Storage Devices	1						
	Local back-up		✓		✓		1	ABC Systems and our IT
	Off-site tapes		<u> </u>				✓	Not sure
] ¬	L	<u></u>	1	<u> </u>	<u></u>	
	External Networks	-	✓	<u> </u>	Γ	T		Unknown
	All	-	-			ļ		
		1		 				
		 	L					
	Home/External Workstations	\dashv		<u> </u>	Γ	T		Individual
	Physicians, senior admin.	-	✓					Tudividudi
		-		<u> </u>				
		_	L	<u> </u>	<u> </u>	ل		
	Other							
		_				-	-	
		-			-	-	-	
		1	1	1	1	1		

Step 2	1				_		
		Prote	ction				Notes/Issues
consid	lered wh aintainii	is security en configu 1g each clo	ring	How know	do you ?		What additional information do you want to record?
Very Much	Somewhat	Not At All	Don't Know	Formal Techniques	Informal Means	Other	
Other	Systems	S					
		X			X		
					0		
	ge Devic	es	X X	0	0	0	Might be outsourced from ABC Systems
Exter	nal Netv	vorks					
			X			0	
				ū			
			0	0	0		
Home	e/Extern	al Worksta	tions				
			X		0		Up to owner to manage
ļ							-
<u> </u>	·		0			۵	
Othor				-			
Other							
	<u>'</u>						

13 Probability Evaluation Criteria Worksheet

Step 23

Step 23

Frequency-Based Criteria

1. Think about what constitutes a high, medium, and low likelihood of occurrence for threats to your organization's critical assets.

		High								
Time Between Events	Daily	Weekly	Monthly	Four Times Per Year	< 4 Times Per Year Two Times Per Year					
Annualized Frequency	365	52	12	. 4	2 < 4					

Medium			Low		
One Time Per Year	< 1 Time Per Year Once Every Two Years	Once Every Five Years	Once Every 10 Years	Once Every 20 Years	Once Every 50 Years
. 1	0.5 < 1	0.2	0.1	0.05	0.02

14 Protection Strategy Worksheet

Steps 25, 29

This section includes an excerpt of the entire protection strategy for MedSite. Two types of practice areas are included: the selected mitigation areas and a few of the other practice areas with general, strategic improvements.

The mitigation areas reflect corporate or strategic-level changes driven primarily by the mitigation plans for specific risks to critical assets. The mitigation areas are

- Security awareness and training
- Collaborative security management
- Monitoring and auditing physical security
- Authentication and authorization

Strategic level changes were also identified for the rest of the security practice areas. The other areas with strategic changes included here are security policies and regulations.

14.1 Protection Strategy for Security Awareness and Training

1.	Security	Awareness	and	Training
----	----------	-----------	-----	----------

Stoplight	Status
Den bright.	~~~~

Step 25: How formal is your organization's training strategy?

Step 29: Will any mitigation activities change your training strategy?

Do you want to make any additional changes to your training strategy?

Training Strategy	Step 25	Step 29
The organization has a documented training strategy that includes security awareness training and security-related training for supported technological straining strategy.	y Current es.	☐ Change
The organization has an informal and undocumented training strategy.	☑ Current	☐ Change
	Current	☐ Change

Step 25: How often is security awareness training provided?

Step 29: Will any mitigation activities change how often security awareness training is provided?

Do you want to make any additional changes to how often security awareness training is provided?

Security Awareness Training		Step 25	Step 29	
Periodic security awareness training is provided for all empl.	oyees	☐ Current	⊠ Change	9
Security awareness training is provided for new staff member orientation activities.	ers as part of their	☑ Current	☐ Change	•
The organization does not provide security awareness training learn about security issues on their own.	ng. Staff members	☐ Current	☐ Change	9
		☐ Current	☐ Change	3

1. Security Awareness and Training

Step 25: To what extent are IT staff members required to attend security-related training?

Step 29: Will any mitigation activities change the requirement for attending security-related training?

Do you want to make any additional changes to the requirement for attending security-related training?

Security-Related Training for Supported Technologies	Step 25	Step 29
Information technology staff members are required to attend security-related training for any technologies that they support.	☐ Current	☐ Change
Information technology staff members can attend security-related training for any technologies that they support if they request it.	☐ Current	ĭ Change
The organization generally does not provide opportunities for information technology staff members to attend security-related training for supported technologies. Information technology staff members learn about security-related issues on their own.	⊠ Current	☐ Change
	☐ Current	☐ Change

Step 25: How formal is your organization's mechanism for providing periodic security updates?

Step 29: Will any mitigation activities change your mechanism for providing periodic security updates?

Do you want to make any additional changes to your mechanism for providing periodic security updates?

Periodic Security Updates		Step 25	Step 29
The organization has a formal mechanism (including coordination with ABC Systems) for providing staff members with periodic updates/bulletins about important security issues.		☐ Current	ĭ Change
The organization does not have a mechanism for providing staff members with periodic updates/bulletins about important security issues.		☑ Current	☐ Change
		☐ Current	☐ Change

1. Security Awareness and Training

Stoplight Status

R

Step 25: How formal is your organization's mechanism for verifying that staff receives training?

Step 29: Will any mitigation activities change your mechanism for verifying that staff receives training?

Do you want to make any additional changes to your mechanism for verifying that staff receives training?

Training Verification	Step 25	Step 29
The organization has formal mechanisms for tracking and verifying that staff members receive appropriate security-related training.	☐ Current	☐ Change
The organization has informal mechanisms for tracking and verifying that staff members receive appropriate security-related training.	☐ Current	☑ Change
The organization has no mechanisms for tracking and verifying that staff members receive appropriate security-related training.	⊠ Current	☐ Change
	☐ Current	☐ Change

Step 25: What additional characteristic of your current approach to security awareness and training do you want to record?

Step 29: Will any mitigation activities change this characteristic?

Do you want to make any additional changes to this characteristic?

Other:	Step 25	Step 29
	☐ Current	☐ Change
	Current	☐ Change
	☐ Current	Change

14.2 Protection Strategy for Collaborative Security Management

5. Collaborative Security Management

Stoplight Status

R

- Step 25: How formal are your organization's policies and procedures for protecting information when working with collaborators and partners?
- Step 29: Will any mitigation activities change the policies and procedures for protecting information when working with collaborators and partners?

 Do you want to make any additional changes to the policies and procedures for protecting information when working with collaborators and partners?

Collaborators and Partners	Step 25	Step 29
The organization has documented policies and procedures for protecting information when working with collaborators and partners.	☐ Current	☐ Change
The organization has documented policies and procedures for protecting certain information when working with collaborators and partners. The organization has informal and undocumented policies and procedures for protecting other types of information when working with collaborators and partners.	☐ Current	☐ Change
The organization has informal and undocumented policies and procedures for protecting information when working with collaborators and partners.	⊠ Current	☐ Change
	☐ Current	☐ Change

- Step 25: How formal are your organization's policies and procedures for protecting information when working with contractors and subcontractors?
- Step 29: Will any mitigation activities change the policies and procedures for protecting information when working with contractors and subcontractors?

 Do you want to make any additional changes to the policies and procedures for protecting information when working with contractors and subcontractors?

Working with contractors and subcontractors.	1		
Contractors and Subcontractors		Step 25	Step 29
The organization has documented policies and procedures for information when working with contractors and subcontractors.	or protecting ors.	☐ Current	☐ Change
The organization has documented policies and procedures for protecting certain information when working with contractors and subcontractors. The organization has informal and undocumented policies and procedures for protecting other types of information when working with contractors and subcontractors.		☐ Current	☐ Change
The organization has informal and undocumented policies at protecting information when working with contractors and s	nd procedures for ubcontractors.	⊠ Current	☐ Change
		☐ Current	☐ Change

5. Collaborative Security Management

- Step 25: How formal are your organization's policies and procedures for protecting information when working with service providers?
- Step 29: Will any mitigation activities change the policies and procedures for protecting information when working with service providers?

 Do you want to make any additional changes to the policies and procedures for protecting information when

working with service providers?

Service Providers	Step 25	Step 29
The organization has documented policies and procedures for protecting information when working with service providers.	☐ Current	☐ Change
The organization has documented policies and procedures for protecting certain information when working with service providers. The organization has informal and undocumented policies and procedures for protecting other types of information when working with service providers.	Current	☐ Change
The organization has informal and undocumented policies and procedures for protecting information when working with service providers.	☑ Current	☐ Change
	☐ Current	☐ Change

- Step 25: To what extent does your organization formally communicate its information protection requirements to third parties?
- Step 29: Will any mitigation activities change how your organization communicates its information protection requirements to third parties?

Do you want to make any additional changes to how your organization communicates its information protection requirements to third parties?

Requirements	Step 25	Step 29
The organization documents information protection requirements and explicitly communicates them to all appropriate third parties.	☐ Current	☐ Change
The organization informally communicates information protection requirements to all appropriate third parties. Facilities Management and ABC Systems.	Current	⊠ Change
The organization does not communicate information protection requirements to third parties.	⊠ Current	☐ Change
	☐ Current	☐ Change

5. Collaborative Security Management

Stoplight	Status	ĺ
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R

Step 25: To what extent does your organization verify that third parties are addressing information protection requirements?

Step 29: Will any mitigation activities change verification mechanisms?

Do you want to make any additional changes to verification mechanisms?

Verification	Step 25	Step 29
The organization has formal mechanisms for verifying that all third-party organizations, outsourced security services, mechanisms, and technologies meet its needs and requirements.	☐ Current	☐ Change
Facilities Management and ABC Systems The organization has informal mechanisms for verifying that all third party organizations, outsourced security services, mechanisms, and technologies meet its needs and requirements.	☐ Current	☑ Change
The organization has no mechanisms for verifying that all third-party organizations, outsourced security services, mechanisms, and technologies meet its needs and requirements.	⊠ Current	☐ Change
	☐ Current	☐ Change

Step 25: To what extent does your security-awareness training program include information about collaborative security management?

Step 29: Will any mitigation activities change the content of your security awareness training to include information about collaborative security management?

Do you want to make any additional changes to the content of your security awareness training?

Do you want to make any duational changes to the content of your recently	Step 25	Step 29
Staff Awareness	Step 25	
The organization's security-awareness training program includes information about the organization's collaborative security management policies and procedures. This training is provided for all employeestime(s) every years.	□ Current	☐ Change
The organization's security-awareness training program includes information about the organization's collaborative security management policies and procedures. This training is provided for new staff members as part of their orientation activities.	☐ Current	☐ Change
The organization's security-awareness training program does not include information about the organization's collaborative security management policies and procedures. Staff members learn about collaborative security management policies and procedures on their own.	⊠ Current	☐ Change
	☐ Current	☐ Change

Protection Strategy for Collaborative Security Management

5. Collaborative Security Management

- Step 25: What additional characteristic of your current approach to collaborative security management do you want to record?
- Step 29: Will any mitigation activities change this characteristic?

 Do you want to make any additional changes to this characteristic?

Other:	Step 25	Step 29
	☐ Current	☐ Change
	☐ Current	☐ Change
	Current	☐ Change

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14.3 Protection Strategy for Monitoring and Auditing Physical Security

8. Monitoring and Auditing Physical Security

Stoplight Status	
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Step 25: Who is currently responsible for monitoring and auditing physical security?

Step 29: Will any mitigation activities change responsibility for monitoring and auditing physical security?

Do you want to make any additional changes affecting responsibility for monitoring and auditing physical security?

Responsibility	Step	25		Step	29	
	⊠ C	Curren	t	o c	hange	
Task	Internal	External	Combined	Internal	External	Combined
Keeping maintenance records to document repairs and modifications to IT hardware		0	X	0	0	0
Monitoring physical access to controlled IT hardware	0	۵	X			۵
Monitoring physical access to controlled IT software media	٥		X		0	
Monitoring physical access to restricted work areas		<u> </u>	X		0	
Reviewing monitoring records on a periodic basis	۵		X	o o	٥	
Investigating and addressing any unusual activity that is identified	۵		X		0	
	ū			٥		
	0		0	۵		
·	0		0	ū		0
	0		0	0		

8. Monitoring and Auditing Physical Security

Step 25: To what extent are procedures for this area formally documented?

Step 29: Will any mitigation activities change the extent to which procedures are formally documented for this area?

Do you want to make any additional changes to how procedures are documented for this area?

Procedures		Step 25	Step 29
If staff from your organization is partly or completely response	onsible for this area:		
The organization has formally documented plans and promonitoring physical access to the building and premises, hardware, and software media.	cedures for work areas, IT	☐ Current	☐ Change
The organization has some formally documented policies monitoring physical access to the building and premises, hardware, and software media. Some policies and procedinformal and undocumented.	work areas , IT	☐ Current	⊠ Change
The organization has informal and undocumented plans a monitoring physical access to the building and premises, hardware, and software media.	and procedures for work areas, IT	⊠ Current	☐ Change
		☐ Current	☐ Change

Step 25: To what extent are staff members required to attend training in this area?

Step 29: Will any mitigation activities change the requirement for attending training in this area?

Do you want to make any additional changes to the requirement for attending training in this area?

Training		Step 25	Step 29
If staff from your organization is partly or completely response	onsible for this area:		
Designated staff members are required to attend training physical access to the building and premises, work areas, software media.		☐ Current	☐ Change
Designated staff members can attend training for monitor to the building and premises, work areas, IT hardware, at they request it.	B p y c	☐ Current	☐ Change
The organization generally does not provide opportunities members to attend training for monitoring physical access premises, work areas, IT hardware, and software media. members learn about monitoring physical access on their	s to the building and Designated staff	⊠ Current	☐ Change
		☐ Current	☐ Change

8.	Monitoring	and	Auditing	Physical	Security
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Stor	alio	ht S	Stat	115
SIUI	リロビ	แนะ) tat	U.S

R

Third Party A: Facilities Management

Step 25: To what extent does your organization formally communicate its requirements in this area to this third party?

Step 29: Will any mitigation activities change how your organization communicates its requirements to this third party?

Do you want to make any additional changes to how you communicate requirements to this third party?

Collaborative Issues		Step 25	Step 29
If staff from a third party is partly or completely responsible	le for this area:		
The organization's requirements for monitoring physical communicated to all contractors and service providers th access to the building and premises, work areas, IT hard media.	at monitor physical	☐ Current	☐ Change
The organization's requirements for monitoring physical informally communicated to all contractors and service p physical access to the building and premises, work areas software media.	providers that monitor	☐ Current	⊠ Change
The organization's requirements for monitoring physical communicated to all contractors and service providers th access to the building and premises, work areas, IT hard media.	at monitor physical	⊠ Current	□ Change
		☐ Current	☐ Change

Step 25: To what extent does your organization verify that this third party is addressing requirements in this area?

Step 29: Will any mitigation activities change how you verify that this third party is addressing requirements in this area?

Do you want to make any additional changes to how you verify that requirements are being met?

Verification	Step 25	Step 29
If staff from a third party is partly or completely responsible for this area:		
The organization formally verifies that contractors and service providers have met the requirements for monitoring physical security.	☐ Current	☐ Change
The organization informally verifies that contractors and service providers have met the requirements for monitoring physical security.	☐ Current	⊠ Change
The organization does not verify that contractors and service providers have met the requirements for monitoring physical security.	Current	☐ Change
	☐ Current	☐ Change
·		

8. Monitoring ar	nd Auditing Phys	ical Security
Third Party B:		
Step 25: To what extent does your organization formally communicate its requirements	s in this area to this th	aird party?
Step 29: Will any mitigation activities change how your organization communicates its Do you want to make any additional changes to how you communicate require	requirements to this ements to this third pa	third party? erty?
Collaborative Issues	Step 25	Step 29
If staff from a third party is partly or completely responsible for this area:		
The organization's requirements for monitoring physical security are form communicated to all contractors and service providers that monitor physica access to the building and premises, work areas, IT hardware, and software media.	al	☐ Change
The organization's requirements for monitoring physical security are informally communicated to all contractors and service providers that mon physical access to the building and premises, work areas, IT hardware, and software media.	☐ Current itor	☐ Change
The organization's requirements for monitoring physical security are not communicated to all contractors and service providers that monitor physical access to the building and premises, work areas, IT hardware, and software media.	☐ Current al e	☐ Change
	Current	☐ Change
Step 25: To what extent does your organization verify that this third party is addressin Step 29: Will any mitigation activities change how you verify that this third party is ac Do you want to make any additional changes to how you verify that requirement	dressing requirement	
Verification	Step 25	Step 29
If staff from a third party is partly or completely responsible for this area:		
The organization formally verifies that contractors and service providers have the requirements for monitoring physical security.	ave	☐ Change
The organization informally verifies that contractors and service providers have met the requirements for monitoring physical security.	S Current	☐ Change
The organization does not verify that contractors and service providers ham met the requirements for monitoring physical security.	ve	☐ Change
	☐ Current	☐ Change

14.4 Protection Strategy for Authentication and Authorization

11. Authentication and Authorization

Stoplight	Status	į
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Step 25: Who is currently responsible for authentication and authorization?

Step 29: Will any mitigation activities change responsibility for authentication and authorization?

Do you want to make any additional changes affecting responsibility for authentication and authorization?

Responsibility	Step	25		Step	29	
	区区	Curren	ıt	⊠ C	hange	;
Task	Internal	External	Combined	Internal	External	Combined
Implementing access controls (e.g., file permissions, network configuration) to restrict user access to information, sensitive systems, specific applications and services, and network connections	0	X	0	0		X
Implementing user authentication (e.g., passwords, biometrics) to restrict user access to information, sensitive systems, specific applications and services, and network connections	٥	X		0	0	X
Establishing and terminating access to systems and information for both individuals and groups			X		0	X
	0	0			0	
	0	۵		0	۵	•
			0	۵		۵
	0					۵
	0	-		۵	Q	
	0			٥	0	0
	0			۵		

11. Authentication and Authorization

Step 25: To what extent are procedures for this area formally documented?

Step 29: Will any mitigation activities change the extent to which procedures are formally documented for this area?

Do you want to make any additional changes to how procedures are documented for this area?

Procedures		Step 25	Step 29
If staff from your organization is partly or completely resp	onsible for this area:		
The organization has formally documented authorization procedures for restricting user access to information, sen specific applications and services, and network connections.	sitive systems,	☐ Current	☐ Change
The organization has some formally documented authori authentication procedures for restricting user access to ir systems, specific applications and services, and network procedures in this area are informal and undocumented.	formation, sensitive	☐ Current	⊠ Change
The organization has informal and undocumented author authentication procedures for restricting user access to in systems, specific applications and services, and network	formation, sensitive	☑ Current	☐ Change
		☐ Current	☐ Change

Step 25: To what extent are staff members required to attend training in this area?

Step 29: Will any mitigation activities change the requirement for attending training in this area?

Do you want to make any additional changes to the requirement for attending training in this area?

Training	Step 25	Step 29
If staff from your organization is partly or completely responsible for this area		
Information technology staff members are required to attend training for implementing technological measures to restrict user access to information, sensitive systems, specific applications and services, and network connections.	☐ Current	☐ Change
Information technology staff members can attend training for implementing technological measures to restrict user access to information, sensitive systems, specific applications and services, and network connections if they request it.	☐ Current	⊠ Change
The organization generally does not provide opportunities for information technology staff members to attend training for implementing technological measures to restrict user access to information, sensitive systems, specific applications and services, and network connections. Information technology staff members learn about authentication and authorization on their own.	⊠ Current	□ Change
	☐ Current	☐ Change

11.	Authe	entication	and	Autho	orization
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Stoplight Status

R

Third Party A: ABC Systems

Step 25: To what extent does your organization formally communicate its requirements in this area to this third party?

Step 29: Will any mitigation activities change how your organization communicates its requirements to this third party?

Do you want to make any additional changes to how you communicate requirements to this third party?

Step 25	Step 29
☐ Current	☐ Change
☐ Current	ĭ Change
⊠ Current	☐ Change
☐ Current	☐ Change
-	
	☐ Current ☐ Current ☐ Current

Step 25: To what extent does your organization verify that this third party is addressing requirements in this area?

Step 29: Will any mitigation activities change how you verify that this third party is addressing requirements in this area?

Do you want to make any additional changes to you verify that requirements are being met?

Verification		Step 25	Step 29
If staff from a third party is partly or completely responsible f	for this area:		
The organization formally verifies that contractors and serv met the requirements for authentication and authorization.		☐ Current	☐ Change
The organization informally verifies that contractors and se have met the requirements for authentication and authorizat	rvice providers ion.	☐ Current	☑ Change
The organization does not verify that contractors and servic met the requirements for authentication and authorization.	e providers have	⊠ Current	☐ Change
		☐ Current	☐ Change

11. Authenti	ication and A	uthorization
Third Party B:		
Step 25: To what extent does your organization formally communicate its requirements in to	his area to this th	ird party?
Step 29: Will any mitigation activities change how your organization communicates its requirement. Do you want to make any additional changes to how you communicate requirement.	uirements to this	third party?
Collaborative Issues	Step 25	Step 29
If staff from a third party is partly or completely responsible for this area:		
The organization's requirements for controlling access to systems and information are formally communicated to all contractors and service providers that provide authentication and authorization services.	☐ Current	☐ Change
The organization's requirements for controlling access to systems and information are informally communicated to all contractors and service providers that monitor systems and networks.	☐ Current	☐ Change
The organization's requirements for controlling access to systems and information are not communicated to all contractors and service providers that monitor systems and networks.	☐ Current	□ Change
	☐ Current	☐ Change
Step 25: To what extent does your organization verify that this third party is addressing red Step 29: Will any mitigation activities change how you verify that this third party is addres Do you want to make any additional changes to you verify that requirements are b	sing requirement eing met?	s in this area?
Verification	Step 25	Step 29
If staff from a third party is partly or completely responsible for this area:		
The organization formally verifies that contractors and service providers have met the requirements for authentication and authorization.	☐ Current	☐ Change
The organization informally verifies that contractors and service providers have met the requirements for authentication and authorization.	☐ Current	☐ Change
The organization does not verify that contractors and service providers have met the requirements for authentication and authorization.	☐ Current	☐ Change

☐ Change

☐ Current

14.5 Protection Strategy for Security Policies and Regulations

4. Security Policies and Regulations

Step 25: To what extent are your organization's security-related policies formally documented?

Step 29: Will any mitigation activities change the extent to which your security-related policies are formally documented?

Do you want to make any additional changes to the extent to which your security-related policies are formally documented?

Documented Policies	Step 25	Step 29
The organization has a comprehensive set of formally documented security-related policies.	☐ Current	☐ Change
The organization has a partial set of formally documented security-related policies. Some security-related policies are informal and undocumented.		☐ Change
The organization's security-related policies are informal and undocumented.	☐ Current	☐ Change
	☐ Current	☐ Change

Step 25: How formal is your organization's mechanism for creating and updating its security-related policies?

Step 29: Will any mitigation activities change how your security-related policies are created and updated?

Do you want to make any additional changes to how your security-related policies are created and updated?

Policy Management	Step 25	Step 29
The organization has a formal mechanism for creating and updating its security-related policies.	☐ Current	☐ Change
The organization has a formal mechanism for creating its security-related policies. The organization has an informal and undocumented mechanism for updating its security-related policies.	☐ Current	☐ Change
The organization has an informal and undocumented mechanism for creating and updating its security-related policies.	⊠ Current	☐ Change
	☐ Current	☐ Change

4. Security Policies and Regulations

Step 25: How formal are your organization's procedures for enforcing its security-related policies?

Step 29: Will any mitigation activities change how security-related policies are enforced?

Do you want to make any additional changes to how security-related policies are enforced?

Policy Enforcement	Step 25	Step 29
The organization has formal procedures for enforcing its security-related policies. Enforcement procedures are consistently followed.	☐ Current	☐ Change
The organization has formal procedures for enforcing its security-related policies. Enforcement procedures are inconsistently followed.	☐ Current	⊠ Change
The organization has informal and undocumented procedures for enforcing its security-related policies.	⊠ Current	☐ Change
	☐ Current	☐ Change

- Step 25: To what extent does your security-awareness training program include information about the organization's security policies and regulations?
- Step 29: Will any mitigation activities change the content of your security awareness training to include security policy and regulation information?

 Do you want to make any additional changes to the content of your security awareness training?

Staff Awareness	Step 25	Step 29
The organization's security-awareness training program includes information about the organization's security policies and regulations. This training is provided for all employees1 time(s) every1 years.	☐ Current	⊠ Change
The organization's security-awareness training program includes information about the organization's security policies and regulations. This training is provided for new staff members as part of their orientation activities.	☐ Current	☐ Change
The organization's security-awareness training program does not include information about the organization's security policies and regulations. Staff members learn about security policies and regulations on their own.	⊠ Current	☐ Change
	☐ Current	☐ Change

4. Security Policies and Regulations

Stoplight Status	λ,
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Step 25: How formal are your organization's procedures for complying with security-related policies and regulations?

Step 29: Will any mitigation activities change how your organization complies with security-related policies and regulations?

Do you want to make any additional changes to how your organization complies with security-related policies and regulations?

Policy and Regulation Compliance		Step 25	Step 29
The organization has formal procedures for complying with i policies, applicable laws and regulations, and insurance requi	nformation security irements.	☐ Current	☐ Change
The organization has formal procedures for complying with a security policies, applicable laws and regulations, and insurance Some procedures in this area are informal and undocumented	nce requirements.	☐ Current	☑ Change
The organization has informal and undocumented procedures for complying with information security policies, applicable laws and regulations, and insurance requirements.		⊠ Current	☐ Change
		☐ Current	☐ Change

Step 25: What additional characteristic of your current approach to security policies and regulations do you want to record?

Step 29: Will any mitigation activities change this characteristic?

Do you want to make any additional changes to this characteristic?

Other:	Step 25	Step 29
	☐ Current	☐ Change
	Current	☐ Change
	·	
	Current	☐ Change

15 Mitigation Plan Worksheet

Step 28

Mitigation Area: 1. Security Awareness and Training

Step 28	
Mitigation Activity	Rationale
Which mitigation activities are you going to implement in this security practice area?	Why did you select each activity?
Provide periodic security awareness training for all employees once a year.	MedSite's current policy is to provide awareness training for new employees only. This is inadequate. Security awareness training should be provided on a periodic basis.
Note: This will change MedSite's protection strategy.	
Enable IT staff members to attend security-related training for any technologies that they support.	The security practices survey indicated that there is a lack of training for IT staff at MedSite.
The manager in each department will keep a list of people who have received security awareness training and when they received it.	We must set up a tracking mechanism if we intend to improve our training related to security

Mitigation Responsibility	Additional Support
Who needs to be involved in implementing each activity? Why?	What additional support will be needed when implementing each activity (e.g., funding, commitment of staff, sponsorship)?
MedSite's senior management team and the training department manager	Increasing the frequency of security awareness training requires commitment and funding from senior management. It will also require a commitment from MedSite's Training Department.
MedSite's IT manager must take responsibility for implementing this mitigation activity.	MedSite's senior managers must approve and find funding for this activity. MedSite's CIO needs to sponsor implementation of this activity.
The manager in each MedSite department	Each department manager must participate in this activity. Senior managers need to make this a requirement for it to work.

Mitigation Area: ____5. Collaborative Security Management_

Step 28	
Mitigation Activity	Rationale
Which mitigation activities are you going to implement in this security practice area?	Why did you select each activity?
Designate an IT staff member as point of contact to communicate our requirements for protecting PIDS information to ABC Systems. Designate staff member from the Maintenance Department to communicate our physical security requirements for building security to the Facilities Management Group.	We are currently doing nothing with respect to communicating security requirements to ABC Systems and the Facilities Management Group. Establishing a point of contact for each organization should improve communication of our requirements.
Note: This will change MedSite's protection strategy.	
The IT point of contact will verify that requirements for protecting PIDS information are met by ABC Systems. The Maintenance Department point of contact will verify that requirements for physical security are met by the Facilities Management Group for the building. Note: This will change MedSite's protection strategy.	If we are establishing a means to communicate our requirements to ABC Systems and the Facilities Management Group, then we need the points of contact to make sure that those requirements have been met.
Contract with ABC Systems to send security bulletins to MedSite's IT point of contact, who will forward the bulletins to MedSite's staff.	MedSite's staff is not receiving information about security problems, such as viruses.

Mitigation Responsibility	Additional Support
Who needs to be involved in implementing each activity? Why?	What additional support will be needed when implementing each activity (e.g., funding, commitment of staff, sponsorship)?
TBD - Responsibility must be assigned by MedSite's CIO and the manager of the Maintenance Department.	MedSite's senior management team must sponsor this activity. The CIO and manager of the Maintenance Department must assign the points of contact.
TBD - A point of contact must be assigned to work with ABC Systems. A point of contact must be assigned to work with the Facilities Management Group.	MedSite's senior management team must sponsor this activity. The CIO and manager of the Maintenance Department must assign the points of contact.
TBD - A point of contact must be assigned to work with ABC Systems.	MedSite's senior management team must sponsor this activity. The CIO must assign the point of contact.

Mitigation Area: 8. Monitoring and Auditing Physical Security

Step 28	
Mitigation Activity	Rationale
Which mitigation activities are you going to implement in this security practice area?	Why did you select each activity?
Document formal procedures for monitoring physical access to all IT hardware and software media. Note: This will change MedSite's protection strategy.	Some staff members from MedSite's IT department informally monitor the physical security of IT hardware and software. Formalizing the procedures would help to ensure that they are consistently applied by all IT staff members.
Assign a point of contact from MedSite to work with the Facilities Management Group to monitor physical access to the building and premises. The point of contact will be responsible for communicating MedSite's requirements for monitoring physical security and for verifying that the requirements have been met. Note: This will change MedSite's protection strategy.	Responsibility for monitoring and auditing physical security is assigned to the Facilities Management Group and MedSite. Activities are not coordinated among the two organizations. Establishing points of contact at MedSite to work with staff from the Facilities Management Group should improve communication of our requirements and improve how physical security is managed.

Mitigation Responsibility	Additional Support
Who needs to be involved in implementing each activity? Why?	What additional support will be needed when implementing each activity (e.g., funding, commitment of staff, sponsorship)?
TBD - A small team to document the procedures must be assigned by MedSite's CIO and/or IT manager.	MedSite's CIO must sponsor this activity and assign a small team to document the procedures.
TBD - A point of contact must be assigned to work with Facilities Management Group.	MedSite's senior management team must sponsor this activity. The manager of the Maintenance Department must assign the points of contact.
	·

Mitigation Area: 11. Authentication and Authorization

Mitigation Activity	Rationale
Which mitigation activities are you going to implement in this security practice area?	Why did you select each activity?
Assign joint responsibility for the following to MedSite and ABC Systems. - implementing access controls for PIDS - implementing user authentication for PIDS Note: This will change MedSite's protection strategy.	People from MedSite's IT department must participate in controlling access to PIDS. Staff at ABC Systems do not know who should have legitimate access to what.
Document procedures for controlling access to PIDS. Note: This will change MedSite's protection strategy.	Restricting user access is currently done in an ad hoc manner. MedSite's IT department must develop formalized procedures for restricting user access to ensure that they are consistently applied by all IT staff members. Procedures for implementing access controls must specify how to work with staff from ABC Systems.
Assign a point of contact from MedSite to work with ABC Systems to control access to PIDS. The point of contact will be responsible for communicating MedSite's requirements for controlling access to PIDS and for verifying that the requirements have been met. Note: This will change MedSite's protection strategy.	We are currently doing nothing with respect to communicating requirements to ABC Systems for controlling access to information and systems. Establishing a point of contact from MedSite's IT department should improve communication of our requirements.

Mitigation Responsibility	Additional Support
Who needs to be involved in implementing each activity? Why?	What additional support will be needed when implementing each activity (e.g., funding, commitment of staff, sponsorship)?
TBD - A point of contact must be assigned to work with ABC Systems.	MedSite's senior management team must sponsor this activity. The CIO must assign staff to work with ABC Systems.
TBD - A small team to document the procedures must be assigned by MedSite's CIO and/or IT manager. The team should include representation from the IT department and the point of contact for ABC Systems.	MedSite's senior management team must sponsor this activity. MedSite's CIO must sponsor this activity and assign a small team to document the procedures.
TBD - A point of contact must be assigned to work with ABC Systems.	MedSite's senior management team must sponsor this activity. The CIO must assign the point of contact.

Mitigation Area: 11. Authentication and Authorization (cont.)

Step 28						
Mitigation Activity	Rationale					
Which mitigation activities are you going to implement in this security practice area?	Why did you select each activity?					
Check all PIDS workstations in treatment rooms to ensure that access to those workstations automatically times out after a designated period of time.	Too many people, both staff and patients, have physical access to PIDS from workstations in treatment rooms. Unauthorized people could use this access to view a patient's medical records deliberately. Or a patient could accidentally see another patient's medical records. Privacy regulations makes this an important issue.					
	·					

Mitigation Responsibility	Additional Support			
Who needs to be involved in implementing each activity? Why?	What additional support will be needed when implementing each activity (e.g., funding, commitment of staff, sponsorship)?			
TBD - MedSite's CIO and/or IT manager will identify the IT staff who will implement this activity. Designated staff will have to work with staff from ABC Systems to set automatic timeouts.	MedSite's senior management team must sponsor this activity. MedSite's CIO must sponsor this activity and assign a staff to set automatic timeouts.			
	·			

Mitigation Area: 4. Security Policies and Regulations

Step 28				
Mitigation Activity	Rationale			
Which mitigation activities are you going to implement in this security practice area?	Why did you select each activity?			
Create procedures for complying with HIPAA data security regulations.	MedSite has two years in which to be in compliance with the HIPAA data security requirements.			
Note: This will change MedSite's protection strategy.	Note: This activity is driven by the regulations rather than any specific risk.			
Include information about MedSite's security-related policies and procedures in the new security awareness training.	Few staff members are aware of or understand MedSite's security-related policies. This information must be featured in awareness training.			
Note: This will change MedSite's protection strategy.	Note: This activity is driven by general concerns rather than any specific risk.			
Procedures for enforcing MedSite's security-related policies must be created.	People's behaviors related to security will only change if they understand that management strictly enforces MedSite's security policies.			
Note: This will change MedSite's protection strategy.	Note: This activity is driven by general concerns rather than any specific risk.			

Mitigation Responsibility	Additional Support			
Who needs to be involved in implementing each activity? Why?	What additional support will be needed when implementing each activity (e.g., funding, commitment of staff, sponsorship)?			
TBD - Responsibility must be assigned by MedSite's senior management team.	MedSite's senior management team must sponsor this activity.			
MedSite's senior management team and the Training Department manager	Updating the content of security awareness training requires commitment and funding from senior management. It will also require a commitment from MedSite's Training Department.			
MedSite's senior management team	MedSite's senior management team must sponsor this activity.			

16 Next Steps Worksheet

Step 30

Step 30

Management Sponsorship for Security Improvement

What must management do to support the implementation of OCTAVE-S results?

Consider:

- Contribute funds to information security activities.
- Assign staff to information security activities.
- Ensure that staff members have sufficient time allocated to information security activities.
- Enable staff to receive training about information security.
- Make information security a strategic priority.

MTF management must

- allocate funds to implement the mitigation plans
- make information security a strategic priority

All functional managers must ensure that staff members have sufficient time to participate in any security-related activities to which they are assigned.

Monitoring Implementation

What will the organization do to track progress and ensure that the results of this evaluation are implemented?

Each team assigned responsibility for a risk mitigation plan will be responsible for scheduling and implementing that plan. Each team will provide a written status report prior to the monthly management team meeting.

Expanding the Current Information Security Risk Evaluation

Will you expand the current OCTAVE-S evaluation to include additional critical assets? Which ones?

No, but we will review all deferred risks within the next 30 days to see if anything else needs to be done for them. We will also do a gap analysis between the results of OCTAVE-S and current regulations (including HIPAA) and see if there are any other required practices that we should consider during another round of resource allocations in the next quarter.

Next Information Security Risk Evaluation

When will the organization conduct its next OCTAVE-S evaluation?

The next OCTAVE-S evaluation will be performed 12-15 months from now.

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	hased strategic assess	sment and planning technique fo	r security OCTA	VF is a self-c	directed approach.	
	meaning that neonle fr	om an organization assume resp	consibility for sett	ing the organ	nization's security	
	strategy, OCTAVE-S is	s a variation of the approach tail	ored to the limited	l means and	unique constraints	
	typically found in small	organizations (less than 100 pe	ople). OCTAVE-	S is led by a	small, interdisciplinary	
	team (three to five peo	ple) of an organization's person	nel who gather ar	nd analyze in	formation, producing a	
	protection strategy and	I mitigation plans based on the o	organization's uni	que operatio	nal security risks. To	
	conduct OCTAVE-S e	fectively, the team must have b	road knowledge o	f the organiz	ation's business and	
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